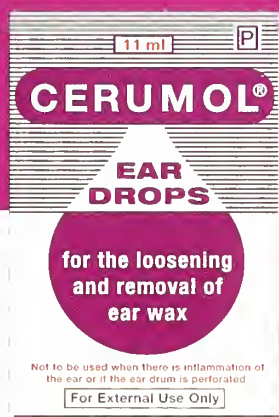


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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plus extras***

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in perspective***

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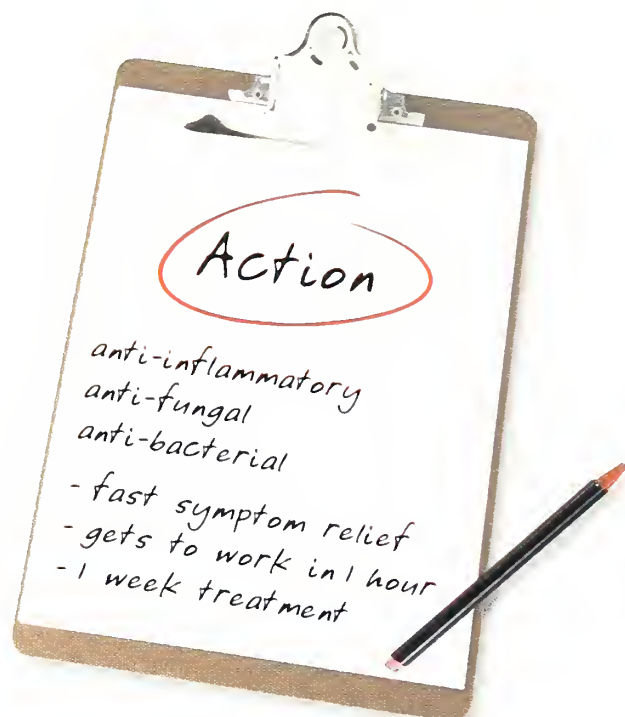
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pregnancy and lactation, on ano-genital area, to treat ringworm or secondarily infected skin conditions. **Warnings and Precautions:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P **Cost:** 15g tube £4.49 **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA **Product Licence Number:** PL 0010/0216. **Date of Preparation:** May 2000

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 254 No 6254 140th YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

Chemex 2000 is next weekend - a sobering thought for those of us who still think it is the middle of the summer holidays! NPA director John D'Arcy is opening the event, and in the Chemex Preview inserted in this week's C&D he makes the point that community pharmacy can a lonely, sometimes isolated profession. As with life in general, if you chose to cut yourself off from contact and involvement with friends and colleagues, you can feel ignored and sidelined. That is likely to be a false perception, and the solution lies with the individual. There are numerous opportunities to meet and pursue common interests with others in both business and professional circles, but you do have to make the effort to move out of the comfort zone of the pharmacy. The message is that it is worth making that effort. The rewards may not be immediate, you may need to persist, but you will, in the end, benefit. Chemex provides a great opportunity, along with events like the BPC, to get out and meet a broad cross section of the retail pharmacy community. Some 200 companies will be represented at Chemex 2000, and a strong seminar programme supports the exhibition. See the Preview for information on this and other major features of this year's show, such as the Toiletries Village, the Model Shop, the two internet cafes, the creche, and the wealth of potential new lines for your pharmacy. Note also that Chemex will not be coming back to Olympia next year. New developments in Docklands mean it is destined to slip down a league as an exhibition venue. It is a mark of confidence in the future that Chemex 2001 is moving to Excel, London's biggest and newest exhibition centre in Docklands. Next year is still a way off, though. Chemex 2000 has plenty to offer and the C&D team looks forward to seeing you there.

KWC pharmacies in EHC trial

Nine community pharmacies in Westway Primary Care Group to supply Levonelle-2

Benzodiazepines face possession

Government plans to control import, export and possession of 41 psychotropic drugs

Scots win £500k for counselling areas

Remuneration settlement of 3 per cent plus ring fenced cash for counselling areas

President issues open letter on finances

Christine Glover answers claims that the RPSGB faces financial disarray



On the pain gang

A clinical update on over the counter analgesics by C&D's technical editor, Steve Bremer

A ten-year vision for pharmacy

Barry Simner looks at how and why community pharmacy will develop over the next decade

Trials offer high hopes

Pharmacists could be dispensing cannabis-based medicine with the next four years

Throw physic to the dogs

Charles Gladwin finds medical references in the works of William Shakespeare

Human rights and pharmacy

Gordon Appelbe considers the implications for pharmacists in upcoming European law



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Drug deaths in Scotland up 23%

Drug-related deaths in Scotland rose 23 per cent from 276 in 1998 to 340 in 1999.

Heroin/morphine was again responsible for most deaths (48 per cent), followed by diazepam (40 per cent) and methadone (18 per cent), according to a report by the registrar general for Scotland. Deaths involving methadone fell from 64 in 1998 to 62.

The numbers dying who were known or suspected to be drug dependent rose from 179 to 227. There was a smaller increase, from 97 to 113, in deaths of people not known or suspected to be drug dependent.

Greater Glasgow saw the highest number of fatalities (112), while Grampian suffered 42 and Lothian 38.

Deputy Minister for Justice, Angus Mackay, said on Monday that the 10-year Drugs Action Plan, launched in May, anticipated that deaths for 1999 would pass the 300 mark.

"Initial indications for 2000, however, are that the increase will slow or stop. With over 20,000 injecting drug users in Scotland, we cannot expect any quick reversal."

Eczema helpline set up

A telephone information day will launch National Eczema Week which runs from September 23-30.

Staffed by nurses, dermatologists, and psychologists, the Eczema Information Line (0870 241 3604) will run from 10am to 4pm on September 24. The National Eczema Society has set up the helpline with Crookes Healthcare.

A free healthcare resource pack is obtainable by sending an SAE to: New Information, National Eczema Society, 163 Eversholt Street, London NW1 1BU. For further information visit www.eczema.org

KWC pharmacies take part in emergency contraception trial

Kensington & Chelsea and Westminster Health Authority this week launched a pilot emergency contraception service through pharmacies.

Nine community pharmacies in Westway Primary Care Group will supply Levonelle-2 without prescription, as part of a patient group direction.

The pharmacists have completed a three-day training course and will have to attend annual refresher courses if they wish to continue the service.

They will receive £15 per consultation and will be reimbursed the cost of the product. An initial £150 fee will be paid to each pharmacy in recognition

of the time and resources needed to set up effective systems.

The scheme is similar to those operating in Manchester and Lambeth, Southwark & Lewisham. A key feature is the direction of women seeking emergency contraception to a clinic or GP for ongoing family planning advice. A protocol includes advice to give to clients and how pharmacists should decide whether emergency contraception is suitable.

All pharmacies in the area are being asked to display posters highlighting the service. All will have a list of participating pharmacies and the times

that the named pharmacist is on duty.

Tony Carson, community pharmacy facilitator, said: "It is hoped that if the pilot is successful, the service will be rolled out to the rest of the health authority."

The service is part of the health authority's strategy to improve family planning services and increase access to emergency contraception. Its pregnancy termination rate - 40 per cent of conceptions - is one of the highest in England. Although the teenage pregnancy rate is one of the lowest, there is a high rate of unwanted pregnancies among 25-34-year-olds.

Call for £50m fund to develop services

There should be a special fund of £50 million a year, or £500,000 per health authority, to develop pharmacy services, a professor of health policy has suggested.

Community pharmacists could raise a similar amount from larger pharmacy companies, the industry, IT and Internet companies and other sources, says Professor Nick Bosanquet, of Imperial College, London. A priority is for pharmacists to widen their core business under their NHS contract and maximise their contribution to health improvement, he writes in the *Health Services Journal* (August 17).

"A prospectus for potential funders of new programmes should be drawn up, with evidence of how the new activities could provide value for money for the NHS," he says.

Any extension of the contract should be aligned to the profession's



Professor Nick Bosanquet: pharmacists need to widen services

priorities and build on its close relationships with patients, particularly the elderly.

Possibilities include management of repeat prescribing, developing Internet communications with clients,

and refining advice-giving on non-prescription medicines.

Community pharmacies could be the main centre for smoking cessation programmes, linked to programmes for monitoring heart disease.

Benzodiazepines face possession controls

The Government intends to introduce controls on the import, export and possession of 41 psychotropic drugs, including 33 benzodiazepines.

As well as reducing diversion of these substances to the illicit market, the controls are also necessary for the UK to comply with its obligations under the United Nations Convention on Psychotropic Substances 1971.

The Home Office is proposing a new two-part Schedule 4 to the Misuse of Drugs Regulations 1985, under which unauthorised possession of the 41 substances would be an offence.

Schedule 4 Part I would comprise 33 benzodiazepines and aminorex, n-ethylamphetamine, fencamfamin, fenproporex, mefenorex, mesocarb, pemoline and pyrovalerone.

A Home Office licence would be needed for their import and export, and a Home Office authority would be required to possess them in any form. Existing authorisations to produce or supply Schedule 4 drugs will be modified to take account of the changes.

Schedule 4 Part II would comprise the existing Schedule 4 Part I drugs (54 anabolic substances) and there

would be no changes to their controls. No authority would be required to possess anabolic substances in the form of medicinal products.

All Schedule 4 drugs would be exempt from the requirements for safe custody and for prescriptions to be issued in the practitioner's own handwriting.

Pharmacists and persons conducting a retail pharmacy business wishing to import and/or export the 41 substances would need licences from the Home Office for each consignment. Companies whose sole trade in the

substances is import and/or export would need an authority to possess as well as licences, and would be monitored by Home Office inspectors.

Licences and authorities would be free, but it is estimated that the administration costs for a company importing or exporting one consignment a week would be about £210 a year at current wage rates.

Comments should be sent to Miss Sue Mitchell, Action Against Drugs Unit, Room 243, Home Office, 50 Queen Anne's Gate, London SW1H 9AT, by September 29.

Scots win £500k for counselling areas

This year's Scottish remuneration settlement includes £500,000 of new money to help pharmacy contractors provide counselling areas.

The Scottish Pharmaceutical General Council also announced on Tuesday that the global sum will increase 3 per cent for 2000-2001 taking it to £80.63m. Within this, £500,000 will be ring-fenced to continue the Model Schemes for Pharmaceutical Care which were established by a similar amount added as new money to the Global Sum last year.

The standard fee for dispensing will increase by 0.5p to 94.5p per prescription item with effect from April 1. Contractors will see the first payment of the new fee on August prescriptions, but the back payment for April to

July prescriptions will not be made until December.

New money will also be negotiated for the introduction next April of a national scheme where patients are able to purchase pre-payment certificates direct from pharmacies. Pilot schemes have run in parts of Scotland, but the national extension will mean patients will not have to wait for a certificate sent through the post.

The special fund of £500,000, which will be available on a one-off basis for contractors wanting to improve facilities for personal advice to patients, will be distributed locally by primary care trusts. On Tuesday SPGC chairman George Romanes told C&D that SPGC had asked that money be made available for pharmacy coun-

selling areas as the Scottish Executive had already promised money to GPs to upgrade their surgeries.

The money will be divided between PCTs proportional to the number of pharmacies in the area, but criteria on how it should be spent will not be set centrally. Information on how to apply will be sent out from PCTs. Mr Romanes advises any pharmacy contractor wishing to make use of the funds to register an interest soon with the pharmaceutical adviser or pharmacy liaison officer at the trust, as funding is limited and will be disbursed locally.

Although the global sum has increased 3 per cent, the volume of dispensing is running at 3.6 per cent above last year. "The Scottish Executive has given assurances that

there will be no further amendments to fees for 2000-01 provided prescription growth for the year lies within the range 2.4 per cent to 3.6 per cent," said the SPGC statement on the settlement.

Mr Romanes added that the prediction is for about 2.8 per cent. "There's not a huge margin for increase, but at least we have moved forward and the Department has talked about high volumes."

Overall, he was pleased that the settlement had been reached relatively early. "We always want more, but under the current constraints it's good to get things settled," he commented.

● Mr Romanes said talks are continuing on the introduction of the lower prices for generics in the August Drug Tariff (C&D August 19, p4).

IN BRIEF

NI statistics for May

In May 2,013,261 items were dispensed from 1,144,594 prescription forms in Northern Ireland. Ingredient cost was £21.47 million (£20.08m net). Discount was £1.392m, with oncost and other payments totalling £3.124m. Gross cost was £23.20m (£22.49m net). Gross cost per prescription was £11.5233 with ingredient cost £10.6627. Net ingredient cost per prescription was £9.9715.

Wales to have nurse consultants

Welsh health and social services secretary Jane Hutt has announced support for proposals to establish nurse consultant posts in the NHS in Wales, following proposals to set up the posts in the NHS in England.

Gluten-free guidance

Sainsbury is to highlight 1,000 gluten-free foods with shelf labelling.

Sir Henry adds punch to Government's new flu immunisation campaign

Sir Henry Cooper will be publicising the Government's flu immunisation campaign this winter, appearing in advertisements in the national press and on daytime TV.

The campaign will be launched to the national media in the middle of September. The aim is to increase the uptake of free flu vaccines, especially in the over-65s.

The DoH is hoping that a greater uptake of the flu vaccine will help to relieve pressure on the NHS this winter. It will be trying to promote the message that prevention is better than cure.

The campaign is scheduled to run for six weeks from the middle of September with a two-week TV 'reminder' at the end of November.

Earlier in the year the DoH announced that the priority threshold

for flu vaccines has been lowered from 75 to 65.

People considered to be in at-risk group are entitled to a free flu jab whatever their age. These include patients with chronic heart and chest disease, asthmatics, diabetics and the immuno-compromised.

The National Pharmaceutical Association and the Royal Pharmaceutical Society say they have been working closely with the DoH to ensure that community pharmacists play an important role in the forthcoming campaign.

NHS Direct will be extending its service to provide nationwide coverage for the duration of the advertising campaign.

More details on the campaign are available on the DoH website at: www.doh.gov.uk/flu/campaignupdate

Teenagers become pregnant despite Pill prescriptions

Half a group of teenagers who became pregnant had been prescribed oral contraceptives, a study has shown.

Ninety-three per cent of the 240 girls had consulted a health professional at least once in the year before conception and 71 per cent had discussed contraception.

Teenagers who became pregnant had higher consultation rates than their age-matched peers, suggesting fears of confidentiality and embarrassment are less of a barrier than often supposed, the Nottingham University researchers say.

Teenagers who had an abortion were more likely to have had emergency contraception and less likely to have used regular contraception than teenagers whose pregnancy resulted in delivery or miscarriage, according to a study covering 14 general practices in the Trent region.

The researchers, led by Richard Churchill, Queen's Medical Centre, say that improved access to emergency contraception is often advocated as a means of reducing teenage pregnancy.

"Teenagers who choose this method, however, may be more at risk of unintended pregnancy, possibly because it is a marker of 'risk taking' in sexual activity," they write in the *British Medical Journal* (August 19-26).

"This emphasises the importance of appropriate follow-up to address long-term needs for contraception whenever a teenager consults for EHC. It also raises questions about the possible supply of EHC by agencies who are unable to provide such follow-up."

Tobacco tax will help fund health promotion

Tobacco tax revenues will be used to fund Scotland's £26 million health improvement campaign.

The Scottish Executive claims it is the biggest ever drive to improve the country's unenviable health record, with money being targeted at diet, exercise, smoking and alcohol. Initiatives include:

● Free toothpaste and toothbrushes for 100,000 children by 2001 (every child up to age one and toddlers in deprived communities). Health boards will distribute the toothpaste and toothbrushes, probably through health visitors and nurseries, although a Scottish Executive spokeswoman did

not rule out the possibility that pharmacies could be involved.

● Fresh fruit for infants, delivered through playgroups.

● A major media campaign to cut teenage smoking.

● A doubling of investment to £2m a year for the NHS to help more people stop smoking.

● Extra resources for health boards to support innovative local measures.

Over the next four years, an average £17m a year will be channelled through health boards. The remaining £9m will be spent on national initiatives, including nearly £3m a year for the Health Education Board for Scotland.

Scotland has become slightly healthier over the past year but many young people are storing up health problems for the future, says the chief medical officer Sir David Carter.

The main theme of his annual health of the nation report is the importance of promoting the health and wellbeing of children.

Infant mortality in Scotland is at its lowest level ever and there is a downward trend in some communicable diseases. But more girls are smoking, more boys and girls are drinking alcohol at least once a week and more young people are sexually active at an earlier age.



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President issues open letter on Society finances

The president of the Royal Pharmaceutical Society, Christine Glover, issued an open letter on Wednesday relating to the Society's budget plans. The letter follows discussions at the last Council meeting at which accusations that the Society was facing financial disarray were made (*C&D* August 12 p4).

This is a time of unprecedented opportunity for our profession. Following the publication of the government's modernisation plan for the NHS in England, I want to reassure members that the Society's Council and staff are dedicated as never before to working for the future of pharmacy. We understand the urgent need to influence the final shape of the plan for pharmacy. To that end, we are currently reviewing our workload to ensure that we can play our full part in working with government and others towards pharmacy's future.

I also want to assure our members that we take very seriously our fiduciary duties to the profession. To enable us to meet these responsibilities, the Society has, for some time, been engaged upon a programme to modernise and reform our own working practices and internal structures. I

began my first term as President with a commitment to improve transparency and openness in the Council's procedures. The Council has made considerable progress over the last year in establishing ways of working that allow for improved scrutiny and monitoring. Issues that have been successfully dealt with include the mechanism for electing the President and the selection of members and chairmen of committees, the roles and responsibilities of Council members and staff, a code of conduct for the Council and the establishment of an audit committee. Other recommendations that affect the Society's constitution have been referred to the Health Act working party.

Members of the Council need access to information relevant to the performance of their duties. It has not been Council's policy to require detailed information about the salaries of individual members of staff. Current Council policy is that only salary bands are published. The Council has not at this time decided to change its policy on this issue but if it did, any legal and contractual issues would need to be considered and dealt with.

The Council is aware that staff

salary increases are subject to the same criteria set by the Hay scheme, incorporating a cost of living rise and the possibility of a progression or merit award. This year all grades of staff - including directors - received the same percentage cost of living award, which was 3 per cent.

Like any other responsible public body, the Society has to ensure that it can meet its obligations and priorities within its means. Our half-year position showed the revenue of the Society below budgeted expectations and corrective action has been taken by the Council to ensure compliance with the 2000 budget.

In August, the Council took a decision to continue to support the RPM campaign, which will require a substantial sum from financial reserves. As a direct result of that decision, the Council agreed that the financial strategy for 2001 should be to budget for a surplus that would enable us to protect the value of the working capital in the balance sheet together with partial replenishment of the reserves. This is a prudent move but one that cannot be delivered without hard decision-making and revision of objectives.

All Directorates at the Society,



together with Committee Chairmen, are now working to finalise budgets that deliver the Council's financial strategy for 2001 while allowing the Society to play its part in NHS modernisation plans. Like many other organisations, we face difficult decisions as policy initiatives compete for finite resources. But we are determined to harness our resources to best effect so that we can be effective and influential in our work. We cannot afford to let ourselves be distracted at this time. I hope that our members will continue to support our efforts to create a sustainable future for pharmacy that meets the needs of patients and the aspirations of the profession.

*Christine Glover
President, RPSGB*



Liverpool Lord Mayor Eddie Clein arriving for the disciplinary hearing

Eddie Clein, Lord Mayor of Liverpool and a pharmacist, appeared before the Statutory Committee of the Royal Pharmaceutical Society last week.

Mr Clein expressed his "exasperation and frustration, not to mention upset" at being called to answer allegations that there was a failure to exercise adequate control over sales of codeine linctus in two Liverpool pharmacies between May and October 1998.

The Committee heard that over five

Lord Mayor faces Statutory Committee

days in October 1998, Royal Pharmaceutical Society inspector Stan Brandwood purchased six 200ml bottles of the linctus from one of the pharmacies at 142 Smithdown Road, Liverpool.

Counsel for the Society, David Bradley said: "On no occasion was [Mr Brandwood] asked any questions in relation to this purchase and on no occasion was any attempt made to bring purchases to the attention of the pharmacist. It is the lack of control of sales which is the Society's concern." Over 100 litres of codeine linctus over the six months period was "not accounted for" in paperwork, other than by sales over the counter.

Mr Clein has now left his job as superintendent pharmacist with Barrow Nesbitt & Co where he was also a director of the company, alongside managing director Rajendra Chopra and Mr Chopra's wife.

He also faced allegations, with the company, over the supervision of the pharmacies. It was alleged that a non-pharmacist had labelled bottles of methadone before a locum pharmacist had arrived.

Later Mr Clein told Society inspectors that it was he who assembled the methadone mixture, normally by 7.30 in the morning. He said he had left before the locum had arrived. While aware the methadone was subject to safe custody regulations, he could not remember where it had been left when he departed.

On another occasion it was alleged another inspector bought Sudafed and Voganin without a pharmacist present. Mr Clein had said he was "horrified" to hear the inspector had been able to make the purchases and prescriptions may have been dealt with and handed out in the absence of a pharmacist.

Mr Bradley also pointed out Mr Clein's vagueness over his duties as superintendent pharmacist as expressed in an interview in November 1998. "I don't get paid as a superintendent. When I am on holiday I have no idea who is here."

Questioning one of the Society's inspectors, Mr Clein drew the Committee's attention to a letter written to him by the Royal Pharmaceutical Society's head of legal services. He

claimed this letter showed at the time that the Society did not consider the sale of the codeine linctus to merit a disciplinary hearing.

Mr Clein said: "This investigation about codeine is wasting your time and everybody else's."

With regards the allegations over the codeine linctus purchase, Mr Clein pointed out the bottles displayed as evidence were not labelled with the name and address of the chemist. However, Mr Brandwood explained that there is no longer a legal obligation to have a supplier's linctus on the bottles. "It would depend very much on the shop's own policy. It is good practice to label everything."

In a heated exchange with the locum who was giving evidence at the hearing, Mr Clein accused the locum of himself infringing pharmaceutical regulations by leaving the shop at the end of the day with uncollected bottles of methadone on the bench and no chemist.

Due to Mr Clein's busy schedule as Lord Mayor, the case is not due to continue until November 16.

Thrills and chills in latest reforms

So there is another plan for reform of the NHS (in England at least) and primary care has to be prepared for yet another change in direction, more fundamental changes. Some may be welcomed by GPs while others will send a shudder down the spines of many.

There will be significant contractual changes, with many GPs becoming salaried employees. There will be a change towards a contract based on achieving targets and goals based on quality issues as well as the number of patients on a practice list. The fine print of this 'new contract' has yet to be sorted out.

One improvement is the prospect

"By 2004, NHS Direct will have become the primary vehicle for out of hours service"

of more GPs. Needless to say there will be disagreement between the profession and the Department of Health over how many more, but it could mean another 2,000 by 2005.

Despite the impressive figure, there are grave doubts that such an increase will meet all the new demands placed on GPs. By 2004 all GPs will have to see patients within 48 hours of request. This is a tall order and may not be a feasible target.

It was also no great surprise to discover that NHS Direct will expand and by 2004 become the primary vehicle for out-of-hours services. It will move primary care into the high-tech age by establishing internet and TV access for patients. Hopefully, the infrastructure will be established to cope with large fluctuations in demand. It is also planned to have tighter integration of social services and primary care functions, a change that is long overdue.

Regulation of GPs will become much tighter. GPs will have a regular review starting from April 2001, and by next year health authorities will have the power to stop a GP working. Special treatment is meted out to single-handed doctors with additional burdens of proof of quality required. The net effect will be a reduction in the numbers of single-handed GP practices.

Despite this raft of proposals to shore up the NHS, there is still the worrying prospect that it may not be able to meet the demands being placed on it.

Xrayser

Topical Reflections

Herbal remedies are not food supplements

Professor Edzard Ernst, professor at the Department of Complementary Medicine at the University of Exeter, has always supported the considered use of herbal remedies and encouraged the active participation by pharmacists in their sale.

In a recent letter to the *British Medical Journal* he quite rightly identifies ginkgo, St John's Wort, saw palmetto and horse chestnut seed extracts as natural remedies that have built up a body of evidence in support of their efficacy. He then indicates concern that various products are evading regulatory control by being marketed as food supplements (C&DAugust 19 p6).

The problem of how to effectively control the sale of 'food supplements' has still not been adequately addressed, but the public is ahead of the game. I am increasingly being asked, as a self-confessed public expert on drugs, to advise on both usage, side effects and interactions of all the herbs mentioned by Professor Ernst and many more besides.

The customer reasonably assumes that I will provide answers to all their questions, but I suspect I am in a legal minefield because I have no approved basis on which to provide that advice.

I raised this problem last March when the warnings over the use of St John's Wort were issued by the Medicines Control Agency. Since then little regulatory progress has been made while public demand has continued to increase.

I can only fudge the advice that I would like to definitively provide. The only texts I can quote are still unofficial, however authoritative the author's credentials, and therefore the onus must still be carefully but firmly passed back to the purchaser. This situation is bad for the consumer, bad for the pharmacist and ultimately bad for the alternative medicines industry.

Professor Ernst would like pharmacists to possess sufficient knowledge about herbal medicines so that they can responsibly provide advice. However, without official data sheets or monographs, the advice I give has no more legal validity than the heresy information



that first encouraged the inquiry.

And if, as a result of my advice, a 'food supplement' is purchased and damage is claimed to have been sustained, I am the one who is liable!

Plugging into demand for night decongestants

I am still regularly asked for Wright's Vapourisers, despite the 'night light' product being discontinued many years ago.

SSL International used to supply an electrical version, but discontinued it (although the vapourising fluid is still available).

I do not know if they ever had any effect at helping a child breathe more easily, but even if the mother is not convinced, grandmother certainly is. Constantly having to say 'no' to this demand is extremely frustrating, but now at last there is an alternative.

Crookes Healthcare is launching a plug-in vapouriser which provides a slow continuous vapour of volatile oils for eight hours (C&DAugust 19 Counterpoints). I know vapouriser will not have that pungent smell of the old Wright's lamp, but as an alternative at a reasonable price it should sell well and keep grandmother a little bit happier.

Survey could give clues to employee motivation

When I first received my Moss Pharmacy Workforce Study questionnaire I suspected that here was another piece of market research asking for my time and experience for someone else's benefit.

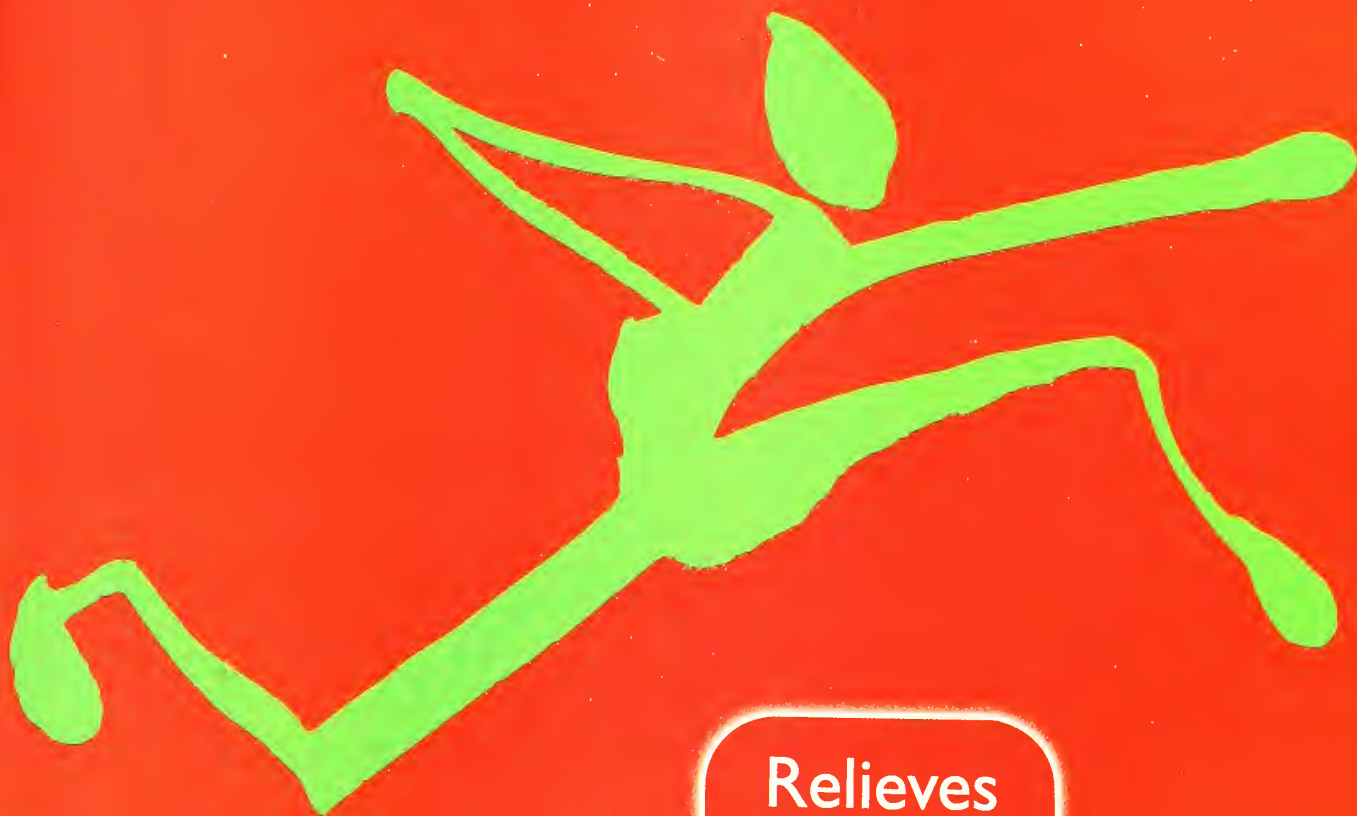
But my suspicions appear ill-founded because, as a proprietor, the survey does not apply to me, and I can only assume that the 11,000 pharmacists were selected at random.

The survey aims to determine the benefits that most influence an employee's choice of employer, so to Moss this information could be an invaluable recruitment tool. As an exercise in determining the needs and aspirations of employee pharmacists, it only addresses one side of the problem.

As my own boss I have always been able to balance my professional and commercial priorities, but employees do not enjoy that luxury. That is not to say their professional aspirations should be ignored.

As employees pharmacists will eventually dominate the community sector, a survey with such a large sample size could provide vital information on the vocational motivation that such pharmacists may desire in their employment.

The natural way to revive your profits



- New Yariba herbal tablets contain a natural ingredient to relieve temporary tiredness
- Established clinical heritage
- Unmissable national heavyweight advertising campaign



A natural way to revive your day

YARIBA Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. Directions: Take one or two tablets three times a day. Not recommended for children under 14. Indications: A traditional herbal remedy used as a pick-me-up in temporary tiredness. Contra-indications: Not to be used in cases of sensitivity to any of the ingredients. Not to be used during pregnancy or lactation. Precautions: Keep out of the reach and sight of children. Legal Category: GSE Packs: Yariba (PL 17418/0012) - 50 tablets, RSP £4.95 (£4.21 exc. VAT).

Medical matters



IN BRIEF

Tritace licence extended

The indications for Tritace have been extended to cover reducing the risk of cardiovascular events in patients aged 55 and over who have clinical evidence of cardiovascular disease (CVD) or diabetes with one other CVD risk factor.

Hoechst Marion Roussel.

Tel: 01895 834343.

Risperdal tablet 0.5mg launched

Janssen-Cilag has added a 0.5mg strength to its Risperdal tablet range. The recommended starting dose in elderly patients is 0.5mg twice daily and the new strength means that it is now possible to avoid cutting higher strength tablets. The price for a pack of 20 tablets is £7.67.

Janssen-Cilag Ltd.

Tel: 01494 567567.

NICE issues guidance on use of rosiglitazone

The National Institute for Clinical Excellence has issued guidance on the use of rosiglitazone in type two diabetes.

It recommends that patients should be offered rosiglitazone combination therapy (as an alternative to insulin) if:

- they are unable to take metformin and a sulphonylurea as combination therapy, or
- their blood glucose remains high despite adequate trial of this combination treatment.

The combination of rosiglitazone and metformin is preferred to the combination of rosiglitazone and a

sulphonylurea – particularly for obese patients.

Rosiglitazone plus a sulphonylurea may be offered to patients who are unable to take metformin. Rosiglitazone is only licensed as a combination therapy with metformin or a sulphonylurea, and is contraindicated for use with insulin in the UK (see C&D July 29 p12).

NICE estimates that if its recommendations are implemented fully, the additional cost to the NHS in England and Wales will be £14.5 million.

Rosiglitazone has been available in the US since June 1999. Since then, says manufacturer SmithKline

Beecham, more than four million prescriptions have been written, and over one million patients treated. The drug is currently approved in 57 countries.

Suzanne Lucas, director of care at Diabetes UK, welcomed the guidance and said: "Avandia may well allow those who would otherwise be considered for insulin therapy to delay this, thus avoiding the difficulties and discrimination, such as driving restrictions, with which insulin therapy can be associated."

For the full guidance and information for patients, see www.nice.org.uk.

● NICE is due to issue clinical guidelines on type two diabetes in October.

Newer pills not associated with increased risk

Third generation oral contraceptives are not associated with an increased risk of venous thromboembolism compared with older oral contraceptives, according to a study in the *British Medical Journal*.

These findings refute the Committee on Safety of Medicines' 1995 assertion that newer oral contraceptives containing desogestrel and gestodene are associated with twice the risk of venous thromboembolism compared with older progestogens.

The study compared the incidence of venous thromboembolism among women taking combined oral contraceptives before and after the October 1995 pill scare. It analysed the General Practice Research Database between 1993 and 1998, looking at women aged 15-49.

Use of third generation oral contraceptives fell from 53 per cent during the period between January 1993 and October 1995 to 14 per cent between November 1995 and December 1998. However, there was no significant change in the incidence of venous thromboembolism between the two periods.

Homoeopathy benefits more than placebo

Homoeopathy has been shown to be more effective at treating allergic rhinitis than placebo.

A randomised, double blind, placebo controlled, multi-centre study assigned 51 patients with perennial allergic rhinitis to an oral 30c homoeopathic preparation of their principal inhalant allergen, or to placebo. The main outcome measures were changes from baseline in nasal inspiratory peak flow and symptom visual analogue scale score.

Patients were all over 16 years old with more than a year's history of perennial rhinitis. The principal allergen was determined from the largest wheal produced from skin prick testing

using house mite, cat fur, dog hair, tree pollens, grass pollens, cladosporium, aspergillus, feathers and house dust. A homoeopathic laboratory then prepared a 30c product using original standard allergen material.

The homoeopathy group had a significant objective improvement in nasal airflow compared to placebo.

Both groups reported improvement in symptoms, with the homoeopathy patients reporting more improvement in all but one of the four study centres.

No significant difference was seen between the groups on visual analogue scores. Initial aggravation of symptoms was more

common with homoeopathy.

Addition of these results, published in the *British Medical Journal*, to those of three previous trials show a mean symptom reduction on visual analogue scores of 28 per cent for homoeopathy compared with 3 per cent for placebo.

The researchers concluded: "To interpret these findings as arguing for homoeopathy having an effect may now be more plausible than our previous hypothesis of serial false results."

"For now, we conclude that this study has failed to confirm our original hypothesis that homoeopathy is a placebo."

Lower dose beta-blockers more effective post MI

Low dose beta-blocker therapy following myocardial infarction has been associated with a lower heart failure rate compared with higher dose treatment.

A cohort study in *The Lancet* found that patients prescribed higher doses of beta-blockers were more than 1.5 times more likely to be admitted to hospital with heart failure than those prescribed lower doses. It also found that beta-blocker therapy at all doses following myocardial infarction almost halved the subsequent hospital admission rate for heart failure.

The study looked at over 13,000 patients in Ontario aged 66 years or older who were discharged from hospital following a myocardial infarction and who did not receive beta-blocker therapy, or received low, standard, or high doses.

Low dose was defined as lower than that achievable with the lowest available tablet strength. A standard dose was defined as one achievable with available tablet strengths but less than that used in randomised controlled trials (RCTs). High doses were equal to or higher than those used in RCTs.

Among more than 8,232 patients with no previous history of heart failure, beta-blocker therapy was associated with a 43 per cent reduction in subsequent admission for heart failure. Among the 4,681 prescribed beta-blockers, the risk of admission was 1.53 times higher in the high-dose than the low-dose group.

The researchers concluded that their findings support the need for a randomised controlled trial comparing doses of beta-blocker therapy in elderly patients after myocardial infarction.

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Healthcare Ltd • Chattem (UK) Ltd • Reckitt Benkiser Ltd • Johnson & Johnson Ltd • IBA UK Ltd • Capital Health Ltd
Wardale Int Ltd • Alberto Culver Co (UK) Ltd • Sara Lee • Gem Int • Topline • Jedmon Skincare • Enliven • NCI



Counterpoints



UniChem offers savings with new herbal range

UniChem is launching its first own-brand range of value-for-money herbal remedies for common ailments.

The range includes Water Relief, Stress Relief, Sleep Aid, Cold & Flu Relief, St John's Wort, Ginkgo Biloba Leaf Extract and Korean Ginseng.

All the products come in tablet format. Packaging is designed for impact and clarity to help consumers make their selection.

Eye-catching PoS material includes posters, consumer leaflets and shelf talkers.

Retail prices range from £2.99 to £3.99.

Until August 31, pharmacists can save up to 60 per cent on the trade price of the herbal products. As part of this introductory offer, pharmacists who order two cases of



each product will receive a further 30 per cent discount.

● UniChem is also launching its first own-brand Effervescent Vitamin C tablets (rsp £2.97). Colourful display units and shelf wobblers are available.

UniChem Ltd.
Tel: 020 8391 2323.

Citrus fruits add zest to Lemsip lozenges

Reckitt Benckiser is introducing a new citrus fruit flavoured anti-bacterial throat lozenge to its Lemsip range which also includes blackcurrant and orange varieties.



Lemsip Sore Throat Anti-Bacterial Citrus Fruits Lozenge (with hexylresorcinol) is formulated to provide double action for sore throats.

The product contains an antibacterial and local anaesthetic agent to help combat the infection and provide pain relief from sore throats.

The pack features a 'with vitamin C' flash as a cue to consumers who often have a sore throat as the first symptom of a cold or flu.

Retail price is £2.05 for 24 lozenges.

Reckitt Benckiser plc.
Tel: 01482 326151.

Deflating display helps sales bubble in pharmacies

Roche Products has designed novel display units to increase awareness of Rennie Deflating in pharmacies.

Designed to complement the new TV advertising campaign for Rennie Deflating, the display units feature a bubbling action, which changes from red to 'Deflating' orange.

The units demonstrate how the

brand's active ingredient, simethicone, swiftly and gently disperses the air bubbles that cause trapped wind.

A training booklet to educate health professionals on trapped wind is distributed with the units.

Roche Products Ltd.
Tel: 01707 366000.

Anusol brings piles out into the open

Warner Lambert Consumer Healthcare is introducing a new look for its Anusol piles treatment.

Anusol cream, ointment and suppositories are being repackaged to make it easier for consumers to differentiate between the different treatment options.

Eye-catching new green and blue packs are designed to encourage self-selection and to help to remove the stigma surrounding piles.

A larger economy size of cream (rsp £4.99, 43g) is being introduced to appeal to heavy sufferers.

A new adjustable, two-tiered merchandising unit for haemorrhoid preparations has been developed for use in pharmacies.

Warner Lambert is investing around £2 million in an advertising campaign for the brand. A new series of advertisements will appear on bus backs and sides and on poster sites throughout the UK from September 1.

Regional advertising is also planned for the Wales & West area which has a higher than average number of piles sufferers.

The 'one pain in the bum' advertising theme includes a mobile phone ringing, traffic cones on the motorway and

some typical British weather - stormy clouds and rain.

Ashley Knight, product manager for Anusol, says: "Although one in three people suffers from piles at some time in their lives, it remains a problem which people are too embarrassed to discuss openly. This campaign aims to bring the message that effective relief is available out into the open."

● The £13.5 million haemorrhoid preparation market, excluding Boots, is growing 8 per cent (AC Nielsen).

Warner Lambert Consumer Healthcare.
Tel: 023 8064 1400.



Natural pick-me-up to boost anti-fatigue sales

Dendron is introducing a new herbal treatment for daily fatigue in an effort to attract more users to the anti-fatigue market.

Yariba is formulated to provide natural relief for temporary tiredness. Containing kola nut, the product is said to give a natural boost by increasing alertness, mental activity and muscular performance.

The tablets come in a handy pocket dispenser, making them easy to use at any time. Each pack contains a detailed patient information leaflet.

A national TV and press campaign will support the launch throughout October and November. The advertising will feature an energy-filled 'green man' character and the strapline 'a natural way to revive your day'.

PoS material includes an eye-

catching showcard and shelf wobbler depicting the 'green man'.

Retail price is £4.95 for 50 tablets.
Dendron Ltd.
Tel: 01923 229251.



Be Retail Effective With SURE, the Number One Name In Deos

Welcome to the second of two features focusing on maximising the deodorant opportunity in your pharmacy, presented by Sure. This week we put the spotlight on men's deos

Local pharmacies face considerable pressure to increase their non-pharmaceutical sales. Like female deodorants, as we reported a fortnight ago, men's deodorants present a major commercial opportunity for pharmacies to improve a store's performance and profit, by focusing on stocking the leading brands and fragrances.

Elida Fabergé, the Personal Care market leader, has wide experience of working with pharmacists to improve their performance.

The Elida Fabergé Personal Care Fact File 2000 shows the deodorant market growing 2.4 per cent to £359.5 m (source IRI, calendar year 1999). Antiperspirant aerosols (APAs) remain the strongest and most profitable deodorant sector with 61.9 per cent value share (source IRI, MAT June 21, 2000), with Sure out in front once again as number one brand in value terms, delivering the category's highest value growth year on year.

Elida Fabergé analyses male deodorants and bodysprays together as a market worth £166.7m, and growing at 1.2 per cent (IRI calendar year 1999). Elida Fabergé is the leading manufacturer here, too, with Sure For Men and its other male toiletries brands, Lynx, Physio Sport, Vaseline For Men, Brut, Aquatonic and Addiction commanding a total 64 per cent share of this sector.

Male deos is a well established market, but it also offers an exciting opportunity to increase sales and profits considerably. With one in five men currently not using deodorants, the 'freshen up' message clearly isn't getting through to all the men who need to hear it!

The bottom line is that these potential new purchasers of men's deos present a major sales opportunity for pharmacists. It is one which is worth an estimated £39.8 billion at RSP.



A key insight identified in recent research from Sure for Men is that male consumers currently have poor perceptions of most male antiperspirants, which they see as dull and functional.

The new Sure For Men range fills the male interest gap, targeting 20+ males with a modern, distinctive range of effective antiperspirants complete with great fragrances and masculine silver packaging. Manufactured by Elida Fabergé, market leaders in personal care, Sure for Men offers retailers the breakthrough opportunity to grow sales and increase profits by targeting the 'men that got away'.

Brand news: SURE Cobalt

Sure for Men has stayed in front over the years through continued innovation. Building on the success of Sure Original for Men, Sport for Men and Active for Men, Sure's latest blockbuster variant Cobalt for Men is now available in APA format. Cobalt

is an unbeatably effective APA, coupled with a great fragrance with a contemporary personality and a formulation containing micro minerals to deliver the protection men need to stay effortlessly cool.

SURE is cool advertising

You can't miss Sure For Men's current campaign: 'At Sure for Men, we sweat so you don't have to'. A creative spin on the traditional Sure deo 'torture test', the new ads show two job applicants being shown round a hot, sweaty factory.

Carving a territory specific to Sure for Men, the man who stays cool is offered the job, a lighthearted demonstration of how the brand helps users stay cool under pressure.

Besides winning today's male consumers with its 'cool' humour, the 'we sweat so you don't have to' copy line also sums up Sure for Men's continued commitment to building the Male Deo market and helping you grow your non-pharmaceutical sales.

The Sure for Men campaign runs through the summer and is backed by a total spend of over £20 million in 2000.

For stockist information call 0800 591 720

SURE

For Men



Natural grooming range for men

The Select Cosmetics Company is launching an American aromatherapeutic men's grooming range in the UK.

The first product introduction in the natural Mont Source for Men range is Unique Shave Solution (rsp.£9.95 for 30ml).

The shaving product has a non-lathering action and is formulated with 15 different essential oils.

It provides the user with a clear view of the area being shaved, reducing the risk of nicks and cuts.

Plans are under way to launch further products in the UK later this year.

The range includes an exfoliating scrub, shaving creams and oils, toners and moisturisers.

The Select Cosmetics Company Ltd.

Tel: 020 7636 2345.

Have razor, will travel

Foundation Enterprise is launching a traveller's razor at Chemex (stand A9) on September 3-4.

The Avid Brands Traveller's Razor is a compact cartridge style that combines the benefits of a permanent and disposable razor.

Designed to provide a clean, close shave, the razor has four quality twin-blade cartridges packed inside two handles.

Each cartridge lasts for ten shaves.

The portable razor measures 106mm long x 26mm wide x 6mm thick.

Retail price is £2.99.

Foundation Enterprise Ltd.
Tel: 0709 1000 882.



Farley's reaches for the stars with Pastini



H J Heinz is launching new pasta shapes in its Farley's infant dry food range. Pastini Hoops and Pastini Stars are made in Italy and are designed to accompany homemade sauces.

Suitable for babies from seven months, the pasta is shaped in small stars or hoops and is fortified with appropriate vitamins and minerals.

Leigh Edwards, Farley's & Heinz general sales manager, says: "This launch is set to put pasta into the mainstream of the babyfood market. It brings greater variety and adds new interest to infant mealtimes."

Retail price is £1.25 for a 37.5g box.

H J Heinz Co Ltd.

Tel: 020 8573 7757.

Dove indulges in everyday body treats

Elida Faberge is extending its Dove brand into the bodycare market with the launch of a new body moisturiser and cream on September 11.

Dove Body Moisturiser and Dove Body Silk are formulated to provide consumers with an everyday pampering.

Dove Body Moisturiser has an easily absorbed formulation containing vitamin E.

It is available in two sizes, retailing at £3.59 (250ml) and £4.99 (400ml.)

Dove Body Silk is all-over body cream with a non-greasy formula.

It is presented in a luxurious pot (rsp.£5.99 for 300ml).

Elida Faberge predicts that the Dove Body range will be worth £7 million in its first year.

It will benefit from the £20 million investment for the Dove master brand this year.

Lisa McEwen, category analyst for skincare, says: "We expect Dove Body will provide an opportunity to grow the skin care category, bringing in new, younger women."

Elida Faberge.

Tel: 020 8481 6000.

L'Oreal targets men with hair colorants

L'Oreal is launching a new range of home hair colorants designed for men.

L'Oreal Color Fitness is a tone-on-tone formula that gives a matt colour effect. Targeted at the 25 to 44 age group, it is suitable for men who want to erase the first signs of grey hair with a natural-looking colour.

L'Oreal says the colour effect will fade gradually after six weeks without noticeable roots or regrowth.

The formulation is ammonia-free and incorporates ginseng to complement the benefits of the product's conditioner. Retail price is £6.99.

Sporting hero David Ginola will promote the brand and will appear in a press advertising

campaign to support its launch.

● The number of men colouring their hair in the UK in the 25-44 age group has doubled in the last year (Taylor Nelson Sofres).

L'Oreal Group UK.

Tel: 020 8762 4000.

IN BRIEF

MoveLat Relief on TV

Sankyo Pharma UK is supporting MoveLat Relief with a new burst of TV advertising this autumn. The commercial focuses on the message that MoveLat Relief 'penetrates to the point of pain'. Starting on September 4, the campaign will run on Channels 4 and 5.

Sankyo Pharma UK Ltd.

Tel: 01494 766866.

Lice package for teachers

Warner-Lambert Consumer Healthcare has launched a head lice resource pack for teachers. Sponsored by Lyclear Creme Rinse, 'Education Interface' is designed to help teachers cope more effectively with head louse infections. The pack reinforces the need for parents to see their pharmacy as the first port of call for advice.

Warner-Lambert Consumer Healthcare.

Tel: 023 8064 1400.

Photo offer

Colourcare plans to run a 'three for the price of two' offer through its dealers this autumn. Customers ordering two photo enlargements will be able to claim a third free. PoS material is available to promote the campaign, which will run from September 18 until December 1.

ColourCare Ltd.

Tel: 01722 412202.

Freshen up (and under)

Carter Wallace is supporting its Femfresh feminine hygiene brand in an advertising campaign in women's restrooms in shopping centres and motorway service stations around the country.

Three different posters use the lines 'Refreshes the parts ...', 'Refreshments served here' and 'Freshen up (and under)'.

The objective is to inform women in a humorous but informative way in a discreet environment.

Framed A3 posters will be positioned above hand dryers and on the backs of cubicle doors in the restrooms.

The campaign will run for four weeks.

Carter Wallace Ltd.

Tel: 01303 858700.



Your direct connection for all Specials

BCM Specials is the original 'one stop shop' for Specials. Not only do we offer the widest range of dosage formats of any Specials manufacturer, we manufacture all the products we supply. We will not keep you waiting for a product because we have to buy it from another supplier.

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**BCM Specials putting
your patient first.**



www.bcm-specials.co.uk

Everyone's a winner with Centrum

Whitehall Laboratories is running an instant win national promotion for its Centrum core and Centrum Select 50+ brands from September 1.

Every consumer purchasing a promotional pack will receive an instant win holiday voucher for Thomas Cook Direct holidays to the value of £25.

There is also the chance for one lucky consumer to win a one-off prize of a holiday voucher worth £2,500 with Thomas Cook Direct.

£2.5m Nicorette campaign will give smokers something to chew over

Pharmacia & Upjohn is supporting its Nicorette range with a new £2.5 million advertising campaign this autumn.

The campaign is designed to encourage smokers to visit their local pharmacist and use NRT to aid their attempts to quit.

Advertising will be on national radio, posters and in the national press from September until November.

Brighter outlook for Calpol 'family'



Other travel-related prizes include three travel vouchers worth £1,000, 50 Samsonite suitcases and 1,000 security marker pens.

Whitehall Laboratories Ltd.
Tel: 01628 669011.

Warner-Lambert Consumer Healthcare is redesigning its Calpol children's brand to appeal to a new generation of parents.

The Calpol range will feature a brighter, modern design while retaining the brand's trademark purple.

The new look is being introduced in September for Calpol Infant Suspension (Original and Sugar-free), Calpol Six Plus, Calpol Sachets and Calpol teething gel which will now be instantly recognisable as part of the Calpol 'family'.

Warner-Lambert
Consumer Healthcare.
Tel: 023 8064 1400.

Rennie Duo links with digestive disorders charity

Roche Products, manufacturer of Rennie Duo, is linking with the Digestive Disorders Foundation for the National Heartburn & Indigestion Week 2000 from October 2-8.

The initiative aims to increase the public's awareness of the causes and possible treatments of heartburn and indigestion.

Roche Products has designed targeted PoS material for pharmacies to support its PR activity.

Roche Products Ltd.
Tel: 01707 366000.



ON TV NEXT WEEK

Aquafresh Toothpaste: All areas except U,CTV

Baser's Soft & Chewy Vitamins: GMTV, C5

Beconase Allergy: Sat, C5

Benadryl Allergy Relief: All areas

Bodyform: All areas except ITV, GMTV

Dettol Liquid: U, STV, G, C, A, HTV, M, CAR, C4, GMTV, TSW, Sat

Full Marks Mousse: GMTV, Sat

Gillette MACH3 razor: All areas

Gillette Series Arctic Ice: All areas

Huggies: All areas

Just for Men: All areas

Listerine antiseptic mouthwash: ITV, C4, C5, Sat

Listerine Tartar Control: All areas

Nytol: GMTV

Panadol: STV, B, G, C, A, HTV, W, M

Pearl Drops: All areas except C, CTV, W, CAR, TSW

Poli-Grip: All areas except TWT, GMTV, TSW

Pro Plus: C4, C5

Sensodyne Toothpaste: All areas

Solpadeine: U

Zirtek: C, CAR, HTV, GMTV, C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Poli-Grip



Poli-Grip is the leading denture fixative brand and with TV spend in 2000 of over £2 million, demand is set to be high. Give your customers complete choice and stock the whole Poli-Grip range. **STAFFORD-MILLER**

Poli-Grip. Stick with the market leader.

Poli-Grip is a registered trademark of Stafford-Miller Ltd

LEMSIP

New Citrus Flavour + Vitamin C.



Original Lemon and Honey Flavour.



Introducing another hard working and great tasting sore throat lozenge from Lemsip.

Expect some extra tasty profits this season with the new great tasting Lemsip Sore Throat Anti-Bacterial Citrus Fruits Lozenge.

Lemsip's hard working honey and lemon flavoured Sore Throat Anti-Bacterial Lozenge has already outsold many

established brands so Lemsip Sore Throat Lozenges are another must stock line from Lemsip.

And with a new £2m TV spend it all adds up to a brand that's right for you and your customers.

Now that's something to smile about.



Hexylresorcinol

Lemsip and the sword and circle symbol are trademarks.

order stocks now for tasty profits

Paracetamol, ibuprofen and aspirin form the basis of most OTC analgesics. **Steve Bremer** provides a clinical update on the three drugs

On the pain gang

Despite being the largest over-the-counter market, worth £282 million last year, most OTC analgesics are still based on only three drugs. So, apart from novel marketing ideas, product innovation in this area is limited. However, pharmacists must be fully conversant with current thinking about these drugs.

This feature looks at recent clinical developments and recommendations for the use of paracetamol, ibuprofen and aspirin.

Ibuprofen pilot

Ibuprofen is often purchased over the counter for contraindicated uses and used excessively, according to a pilot study.

It was found that 37 per cent of customers purchased the drug for a chronic condition, and 32 per cent took it for more than seven days. Ibuprofen was used by customers with an active or past history of peptic ulcer, or with an active or past history of asthma in 4 per cent and 7 per cent of cases respectively. The recommended daily dose was exceeded by 8 per cent of customers.

The study was based on responses to 443 questionnaires sent to adults who had purchased an OTC ibuprofen product (not compound products) from one of 61 Scottish pharmacies. Almost three-quarters of those surveyed were female, with a mean age of 43, and belonged to the two most affluent socio-economic categories. The most common reasons for purchasing ibuprofen were back pain, joint pain, and headache or migraine.

More than a third of customers used other medications while taking ibuprofen. More than a quarter took it concurrently with another analgesic; 11 customers were taking medication for gastric problems, 17 were taking asthma medication, 17 an antihypertensive, and three an ACE inhibitor.

Authors of the study, which was published in *The International Journal of Pharmacy Practice* (June



2000, Vol 8, No 2 p121-127), concluded that there is a need for pharmacovigilance studies of OTC medicines. They also demonstrated the feasibility of a major study.

Fewer overdoses

The number of cases of severe paracetamol overdose have fallen by about half since the introduction of

paracetamol pack size regulations last September, according to two studies in *The Lancet* (355: 2047-2049).

One study looked at the number of patients admitted to the Freeman Liver Unit in Newcastle and those registered in the UK for liver transplants due to paracetamol hepatotoxicity.

The other was an audit of

paracetamol overdoses presenting at the Royal Free Hospital.

The median monthly number of referrals to the Freeman fell from 2.5 before September 1998 to 1 after this date. Although the annual referral rate was falling before September 1998 by an average of 4.5 patients per year, it

Continued on P20 →

ON TV

THE BEST SELLING TOPICAL PAINKILLER HAS JUST PUT ON EVEN MORE MUSCLE



IBULEVETM
MAXIMUM STRENGTH GEL

PENETRATING GEL FOR FAST LOCAL RELIEF OF BACKACHE
RHEUMATIC AND MUSCULAR PAIN, SPRAINS AND STRAINS
ALSO FOR PAIN RELIEF IN COMMON ARTHRITIC CONDITIONS

ibuprofen

NEW IBULEVE MAXIMUM STRENGTH

For backache, rheumatic and muscular pain, sprains and strains
and pain relief in common arthritic conditions.

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 8QZ, UK.
Directions: Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily.
Indications: For the relief of backache, rheumatic and muscular pain, sprains and strains. Ibuleve Maximum Strength Gel is also for pain relief in non-serious arthritic conditions.
Contra-indications: Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers (including when taken by mouth), especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken or damaged skin. Not to be used during pregnancy or lactation. Precautions: Not recommended for children under 12 years without medical advice. If symptoms persist, consult a doctor or pharmacist about continued treatment. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interactions with blood pressure lowering drugs may occur but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** Side-effects: In normal use, side-effects are very rare, but may occasionally include mainly allergic or localised skin reactions in susceptible individuals. Legal Category: Packs: Tubes of 30 g (PL 0173/0176). RSP £4.95 (£4.21 exc VAT).





Dendron's recently launched Ibuleve Maximum Strength Gel will be supported by a £1m spend

→ Continued from P18

fell by ten patients a year after the legislation was introduced. The median monthly number of patients registered for liver transplants fell from 3.5 to 2. This number had previously been increasing by an average of 7.5 patients annually.

For the three years leading up to September 1998, admission levels to the Royal Free Hospital for paracetamol overdoses were consistent. But in the subsequent year, there was a 21 per cent reduction in all paracetamol overdoses and a 64 per cent reduction in severe overdoses.

Severe overdoses were cases in which N-acetylcysteine or methionine therapies were indicated to prevent acute liver injuries. In contrast, the frequency of benzodiazepine overdose - the most common cause of deliberate self-harm after paracetamol - remained stable.

This study linked the decline in overdoses to the fact that paracetamol has been available almost exclusively in blister packs since September 1998. This increases

the time taken to consume a large number of tablets, giving the potential suicide time to reflect on their actions. The authors conclude that their findings support the trend in increased blister packing of medicines.

Although both studies are clinically significant, neither can provide definite evidence of causation. And neither study differentiated between unintentional and intentional poisoning.

An editorial article in the same issue suggested that there exists in the UK "an entrenched mass awareness of paracetamol as a vehicle for suicide". This claim was backed by figures showing regional variation in rates of self-poisoning in the UK and the US, where there is unlimited availability.

In one region of Virginia, USA, the incidence of acute paracetamol ingestion (undifferentiated between intentional and unintentional) was estimated at 21.4/100,000 per year. This contrasts with the figures for incidence of deliberate self-poisoning in Scotland which have been estimated at 73.3 and 91.7/100,000 per year among males and females respectively.

A link with asthma?

Patients who take paracetamol every week are almost 80 per cent more likely to have asthma than those who have never taken it, according to one study. However, the methodology of this study has been questioned.

Published in *Thorax* (2000; 55:266-70), the study showed that daily use of paracetamol more than doubled the likelihood of having asthma. Infrequent users (ie less than once a month) were 1.06 times more likely to have asthma than those who never took the drug.

The population-based case-control study looked at dietary antioxidants and asthma in adults aged 16-49 years in London. Frequency of paracetamol use was compared in 664 individuals

with asthma and 910 without asthma. It attempted to explain the link through paracetamol's effect on glutathione levels in the lungs.

Researchers suggested that depletion of glutathione in the lungs could explain a link between paracetamol and asthma. Glutathione, an antioxidant, is thought to protect the lungs from pollutants and free radicals.

The methodology of this study was questioned by researchers from the Department of Clinical Pharmacology at Queen Elizabeth Hospital. In a letter to *The Lancet* (2000; 355:1648-50), they said: "There are factors that need to be addressed before firm conclusions can be drawn about the



Mentholatum's Deep Relief dual action ibuprofen gel will be promoted in winter

cause and effect from this study."

An assessment of the antioxidant status of patients with asthma is necessary before an association between reduced antioxidant status, paracetamol use and increased asthma morbidity is made, they said.

The letter pointed out that no correlation was made between paracetamol use, dietary antioxidant intake and severity of asthma. This information is important because those who have severe asthma, high morbidity and who use analgesia often, are more likely to have a diet low in antioxidants - a suggested reason for the increased incidence of asthma.

Further studies are needed to establish a cause and effect relationship between paracetamol use and asthma severity, concluded the letter.

● SmithKline Beecham removed all packs of Panadol capsules from the shelves of Australian pharmacies after an individual threatened to tamper with the product in an extortion threat. All stock was withdrawn as a precaution. There was no evidence that any packs had been tampered with, but additional tamper-proof measures were to be added.

National president of the

Solpadeine Capsules, Solpadeine Soluble Tablets, Solpadeine Tablets

Product Information

Presentation: Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Hemihydrate Ph Eur 8 mg and Caffeine Ph Eur 30 mg.

Uses: migraine, headache, backache, rheumatic pain, period pains, toothache, neuralgia, sore throat and feverishness, symptoms of colds and influenza.

Dosage and administration:

Adults and children, 12 years and over:

Two capsules/tablets up to four times daily.

Not more than 8 capsules/tablets

in 24 hours. Children under 12 years:

Not recommended. Soluble tablets must be

dissolved in water before taking.

Do not exceed the stated dose.

Do not take for more than 3 days without

consulting a doctor.

Contraindications:

Known hypersensitivity to ingredients.

Precautions: Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other paracetamol-containing products.

Avoid in pregnancy unless advised by a doctor.

Not contraindicated in breast feeding.

Sufferers from persistent headache should consult a doctor. Solpadeine Soluble; tablet contains 427 mg of sodium - caution with salt restricted diet.

Side effects:

Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness and drowsiness.

Overdosage: Immediate medical advice should be sought in the event of an overdosage, even if the patient feels well, because of the risk of delayed, serious liver damage.

Legal category:

PCDL

Product licence number:

Capsules: 0071/0186, Soluble Tablets: 0071/5091,

Tablets: 0071/0396.

Product licence holder:

SmithKline Beecham

Consumer Healthcare, Brentford, TW8 9BD, U.K.

Package quantity and RSP:

12 capsules £2.15, 24 capsules £3.89,

32 capsules £4.75; 12 soluble £2.35,

24 soluble £4.09, 60 soluble £7.35;

12 tablets £2.05, 24 tablets £3.79,

32 tablets £4.59.

Date of last revision:

July 2000.

Solpadeine is a trade mark.

Reference: 1. Taylor Nelson Sofres Healthcare 1998.



Television advertising for Anadin Ultra is designed to grab the attention of the consumer in much the same way as the print campaign, says the company

Continued on P22 →



**Aches and pains had kept Dad
on the sidelines
Until your advice came into play**

Your good advice can really help get pain sufferers back on their feet. Recommend Solpadeine, and remind your customers that 90% of Solpadeine users stay loyal to it.¹ Solpadeine is pharmacy-only, so every recommendation makes good professional and commercial sense.

Your recommendation makes all the difference



paracetamol, codeine, caffeine

→Continued from 20

Australian Pharmacy Guild, John Bronger, said: "SmithKline Beecham is to be recommended for its prompt action in recalling Panadol capsules, as a precautionary measure."

Reye's link

The link between aspirin and Reye's syndrome has been questioned at a meeting of the European Aspirin

For this study to be acceptable, the likelihood of a Reye's diagnosis had to be constant throughout the study period and the surveillance had to be good.

An abrupt withdrawal of aspirin and immediate sharp fall in the incidence of Reye's would then be good evidence of the link. But aspirin use fell gradually over a number of years, and the gradual fall in cases of Reye's can be explained by other factors.

Once aspirin had been withdrawn, many doctors would only diagnose Reye's if the child had taken aspirin. If symptoms occurred without aspirin, another diagnosis was made. Therefore, as fewer children took aspirin, there were fewer reports of Reye's.

Surveillance was poor before the withdrawal - probably only about 20 per cent of cases were reported. After withdrawal, surveillance got worse and now reports no cases, while other sources report cases every year in the US.

Different surveillance centres

... and the latest Cochrane review

Pain relief achieved with aspirin is similar, milligram for milligram, to that seen with paracetamol, according to a recently updated Cochrane systematic review.

The review looked at 72 randomised single-dose trials, which included 3,253 patients given aspirin and 3,297 given placebo. It calculated the relative benefit and number-needed-to-treat (NNT) for one patient to achieve at least 50 per cent pain relief. Aspirin showed significant benefit over placebo at doses of 600/650mg, 1,000mg and 1,200mg. NNTs were 4.4, 4.0, and 2.4 respectively.

Single-dose aspirin 600 and 650mg produced significantly more drowsiness and gastric irritation than placebo, with numbers-needed-to-harm of 28 and 38 respectively.

The review concluded that aspirin is an effective analgesic for acute pain of moderate to severe intensity, with a clear dose-response.



Disprol has produced a guide to childhood behaviour for parents

A comparison

A league table of analgesic effectiveness has placed ibuprofen 400mg above paracetamol 1g and aspirin 600/650mg, which were rated as almost the same.

Published by the Oxford Pain Research Centre in last July's *Bandolier* evidence-based newsletter (www.jr2.ox.ac.uk), the table compares NNT for at least 50 per cent pain relief over 4-6 hours in patients with moderate to severe pain. Data were taken from systematic reviews of randomised, double-blind, placebo-controlled, single dose studies. The numbers of patients in the trials for ibuprofen 400mg, aspirin 600/650mg, and paracetamol 1g were 2,898, 5,061, and 2,283 respectively.

NNT for ibuprofen 400mg was 2.7. This compares to NNTs for aspirin 600/650mg and paracetamol 1g of 4.4 and 4.6 respectively.

On this scale, ibuprofen was rated higher than pethidine 100mg (NNT of 2.9) and morphine 10mg (also 2.9). Paracetamol and aspirin were rated higher than tramadol 100mg (NNT of 4.8). Top of the scale was ibuprofen 800mg with an NNT of 1.6, although there was only 76

Continued on P24 →



Meltlets are a new addition to Crookes Healthcare's Nurofen range

Foundation.

Ken MacRae, professor of medical statistics at the University of Surrey, concluded that Reye's syndrome is probably a heterogeneous group of illnesses of toxic or metabolic origin. Its positive relationship with aspirin is as untenable as the negative association proposed with paracetamol, he said.

Aspirin and Reye's syndrome were linked in the 1980s, resulting in the withdrawal of the drug from use in children up to 12 years old in 1986. Professor MacRae and Dr Peter Lewis, senior lecturer in bio-statistics at the University of Bath, doubt that this was the right decision.

The decision to withdraw was based on the results of a number of case control and cohort studies, although it appears that four of the case control studies were carried out in the same population. There is still no plausible biological model to explain the link between aspirin and Reye's, and no good case definition. Experts in Reye's syndrome would disagree on the diagnosis in at least 30 per cent of reported cases.

A randomised controlled trial would be the only study to provide a definitive answer. But this was not possible in America, especially as it would involve withholding non-prescription medicines from patient groups. Therefore a comparative cohort study with historical controls was the only epidemiological model that could be used.



The relaunched Solpadeine will feature the words 'Pharmacy formula' and new graphics

reported vastly different relationships. In some, every Reye's patient had taken aspirin while in Australia the figure was only 5 per cent.

In the UK, cases came from all over the country while controls were from only a few hospitals in the south of England.

But the most telling evidence that aspirin was not responsible for Reye's comes from the Yale study that led to its withdrawal in the US, according to Professor MacRae. Reye's syndrome is staged according to severity, but its association with aspirin was weaker in the more severe cases. And in the most severe cases, the link was at its weakest. This inverse dose response strongly argues against the link, he said.

Top 10 analgesic brands

All pharmacies (excl Baats)

- 1 Craakes Nuralen
- 2 SmithKline Beecham Solpadeine
- 3 Warner Lambert Calpal
- 4 Sankya Pharma Movelat
- 5 Whitehall Anadin
- 6 SSL International Cuprofen
- 7 Pfizer Consumer H/care Migraleve
- 8 Dendron Ibuleve
- 9 SmithKline Beecham Panadol
- 10 SSL International Syndal

MAT to June 2000

Source: A C Nielsen

Top 10 topical analgesic brands

All pharmacies (excl Baats)

- 1 Sankya Pharma Movelat
- 2 Dendron Ibuleve
- 3 Mentholatum Deep Heat
- 4 Roche Consumer Health Radlan B
- 5 SSL International Ralgex
- 6 Navartis Proflax
- 7 SSL International Transvasin
- 8 Crookes PR Freeze Spray
- 9 SSL International Cuprofen
- 10 Mentholatum Deep Relief

MAT to June 2000

Source: A C Nielsen

Roche Products Limited the makers of

Rennie **DUO**[®] are delighted to announce

National Heartburn & Indigestion Week

2000

2nd - 8th October

Sponsored by the makers of

Rennie **DUO**[®]

Roche Products Limited

In association with

DIGESTIVE **DISORDERS** **FOUNDATION**

Registered Charity No. 262762

*For Further Details and in-Pharmacy Display
Materials Please Call*

01707 366000

Product information:

Name: Rennie Duo[®]. **Uses:** Symptomatic treatment of complaints resulting from gastro-oesophageal reflux and hyperacidity. **Presentation, dosage: administration and cost:** Oral suspension: each 10ml (1 dose) of suspension contains: 1200mg calcium carbonate, 140mg magnesium carbonate and 300mg sodium alginate. **Note:** As well as the 140mg magnesium carbonate and 300mg sodium alginate. **Note:** As well as the mechanical barrier to acid reflux provided by the alginate, the combination of two antacids provides a neutralising capacity of 32mEq/H⁺. The usual dosage is 10ml to be taken after meals and before retiring. In cases of reflux an additional dose of 10ml may be taken between normal doses to a maximum total of eight unit doses in 24 hours. Recommended in adults only (above 12 years.) **Side effects and precautions:** When used normally at the recommended dosage no undesirable side effects are expected. As with all antacid combination medicines caution should be exercised in patients with impaired renal function, prolonged use of high doses can result in hypermagnesaemia, hypercalcaemia or alkalosis especially in this group and plasma calcium and magnesium levels should be monitored. Prolonged use possibly enhances the risk of development of renal calculi. 10ml of Rennie Duo contains 120mg sodium which should be considered for patients on a restricted sodium diet. As with other antacids Rennie Duo can mask the symptoms of gastric malignancy. In patients also taking antibiotics it is advisable to recommend that Rennie Duo should be taken 1-2 hours after their other medicine. Rennie Duo, if taken as recommended is not hazardous to either foetus or infant during pregnancy or lactation. **Contraindications:** Rennie Duo should not be used in patients having severe renal insufficiency, hypercalcaemia or hyperphosphataemia nor in patients with nephrolithiasis or a known hypersensitivity to any ingredient. **Product Licence Number:** PL00031/0518 **Supply Classification:** GSL restricted to pharmacy only. **Product Licence Holder:** Roche Consumer Health, 40 Broadwater Road, Welwyn Garden City, Hertfordshire, AL7 3AY **Date of revision:** July 2000



Roche



Feminax has been repackaged in vibrant colours

Continued on P25 →

patients in this comparison.

MeReC recommendations

A recent *MeReC Bulletin* (Volume 11 number 1) on the use of oral analgesics in primary care made recommendations about the appropriate place in therapy for paracetamol, aspirin and ibuprofen.

It suggests that paracetamol is a suitable first choice analgesic for most patients with mild to moderate pain. In normal doses, paracetamol is generally well tolerated, effective and inexpensive.

Paracetamol has antipyretic properties and appears to act centrally, with no anti-inflammatory effects. It may not be as effective when pain is combined with an anti-inflammatory component, for example in rheumatoid arthritis. For patients with chronic pain, a trial of up to 4g/day for at least a week may be required.

Paracetamol is as effective as co-proxamol when given in single doses for acute pain. Co-proxamol is also less safe than paracetamol and should not be prescribed routinely.

There is little evidence that compound analgesics containing a low dose of opioid (eg 8mg of codeine or 10mg of dihydrocodeine per tablet) have any benefits over paracetamol or aspirin alone. But the low dose may still be enough to cause opioid side effects, particularly constipation.

Aspirin or another NSAID may be more suitable for bone pain, or pain with an inflammatory component such as dysmenorrhoea, dental or musculoskeletal pain, suggests MeReC. However, paracetamol is the first choice analgesic for osteoarthritis as there is no good evidence to suggest NSAIDs are more effective.

Although published evidence is limited, it has been suggested that regular dosing for up to three weeks

may be necessary to achieve a full anti-inflammatory effect.

There appears to be variability in individual patient response to different NSAIDs. If the first drug tried is ineffective, it may be worth changing to a different NSAID. All agents have antipyretic properties but only aspirin (in adults) and ibuprofen (in children) are licensed for pyrexia.

NSAID use is limited by their side effects, particularly upper gastrointestinal toxicity. Low dose ibuprofen has been associated with the least GI risk.

Headaches are associated with chronic regular use of analgesics, particularly combinations. Where possible, patients with a previous history of headaches should not take analgesics every day. Nephropathy has also been reported.

Market place

Maximum strength Ibuleve

Dendron launched Ibuleve Maximum Strength Gel (ibuprofen 10 per cent) last week. It is being supported by a £1 million promotion that includes television advertising from September to November and a national press campaign starting in September. A range of point of sale material is available. A 30g tube retails at £4.95.

Dendron Ltd.

Tel: 01923 229251.

Anadin - seen by 30 million

Anadin Ultra will be advertised on national television in a £1.5 million campaign during August and September.

Whitehall expects it to be seen by 30 million people. Anadin product manager Charlotte Spalding said: "This new television advertising grabs the consumer's attention in much the same way as the print campaign, getting straight to the point."

Whitehall Laboratories.

Tel: 01628 669011.

Derek's dual action

Mentholatum's Deep Relief dual action ibuprofen gel will be promoted using Derek the Dog in television advertising this winter. The Deep Heat range will also be supported with press advertising, and an ongoing campaign is promoting Deep Freeze to health professionals.

Mentholatum Co Ltd.

Tel: 01355 848484.

Nurofen range extended

Crookes Healthcare has extended its Nurofen range with the launch of Nurofen Meltlets. The lemon flavour Meltlets, each containing 200mg ibuprofen, dissolve on the tongue

Top 10 paediatric analgesic brands

All pharmacies (excl Boots)

- 1 Warner Lambert Calpal
- 2 SSL International Medinol
- 3 Crookes Nurofen
- 4 SSL International Medised
- 5 Reckitt & Calman Dispral
- 6 Novartis Tixymal
- 7 Typharm Dozol
- 8 Pharmax Infadraps
- 9 Galpharm International Galprofen
- 10 Unichem Unichem

MAT to June 2000

Source: A C Nielsen

Top 10 oral analgesic brands

All pharmacies (excl Boots)

- 1 SmithKline Beecham Solpadeine
- 2 Crookes Nurofen
- 3 Whitehall Anadin
- 4 Pfizer Consumer H/care Migraleve
- 5 SSL International Cuprafen
- 6 SmithKline Beecham Panadol
- 7 SSL International Syndal
- 8 Unichem pain remedies
- 9 SSL International Paramal
- 10 Roche Consumer Health Paracodal

MAT to June 2000

Source: A C Nielsen

without the need for water.

Nurofen Meltlets were launched in April with £3 million worth of support, including two bursts of television advertising and a nationwide poster campaign.

Crookes Healthcare Ltd.

Tel: 0115 953 9922.

Tiger Balm goes online

Tiger Balm now has its own website, www.tigerbalm.co.uk. It offers the latest product information, a history of Tiger Balm, and an account of its conservation efforts.

SSL International Plc

Tel: 0161 654 3000.

Guide for parents

Dispral has produced a parents' guide called 'Understanding early childhood behaviour'. It has been designed to help parents deal with everyday confrontational situations, it offers practical advice in a folder format. Also available is the 'Dispral and Bonjela's Parent's guide to childhood fever and pain' leaflet. Both can be ordered on 0500 455456.

Reckitt Benckiser Plc.

Tel: 01482 326151.

Solpadeine's pharmacy formula

SmithKline Beecham relaunched its Solpadeine range in mid-June,

supported with a £3.2 million multi-media campaign, including TV, during August and November.

New packaging features the wording 'Pharmacy Formula'. Graphics help to differentiate the brand's variants, with a body graphic on Solpaflex packs to reflect its indications for muscle and joint pain.

Solpadeine Max has been more closely aligned to its parent brand with the same red colouring.

SmithKline Beecham Consumer Healthcare UK.

Tel: 020 8560 5151.

Vibrant packs

Roche has repackaged its Feminax tablets. They now come in stronger, vibrant purple packaging with blue and pink graphics.

Roche Consumer Health.

Tel: 01707 366000.

Ultramol from Sterwin

Latest entrant to the analgesics market is Ultramol from Sterwin Health. Containing paracetamol 500mg, codeine phos 8mg and caffeine 30mg, Ultramol comes as effervescent tablets in boxes of 60 with a basic NHS cost of £2.69.

Sterwin Medicines.

Tel: 01483 554091.



The latest product information on Tiger Balm will appear on the product's own website

Migraine or
Headache?
Cold n' Flu?
Rheumatic
Pain?
Sore Throat?

alternative to
existing solution

high
profit
returns

effective
pain relief



A solution . . .



ULTRAMOL Prescribing Information

Indication: For the relief of most painful and febrile conditions.

Presentation: Ultramol effervescent tablets.

Effervescent tablets each containing Paracetamol Ph.Eur. 500 mg, Codeine Phosphate Hemihydrate Ph.Eur. 8 mg and Caffeine 30 mg. Supplied in boxes of 60 tablets. Basic NHS cost of 60 tablets £2.69 PL 11723/0282

Dosage: For oral administration only. The effervescent tablets should be dissolved in at least half a tumblerful of water before ingestion. **Adults, including the elderly:** Two tablets not more frequently than every 4 hours. Maximum of 8 tablets per 24 hour period. **Children:** Not recommended for children under 12 years. **Contra-**

Indications: Hypersensitivity to paracetamol, codeine or caffeine. **Warnings:** Special care should be observed in any patients with severe renal or hepatic impairment. Excessive intake of tea, coffee or cola with these tablets may make patients tense and irritable. Nursing mothers should also be advised to avoid these beverages as irritability and poor sleeping patterns have been observed in breast-fed infants. Each tablet contains 362 mg sodium. This should be taken into account in patients requiring sodium restriction.

Interactions: With domperidone, metoclopramide, cholestyramine and warfarin (and other coumarins), interactions may occur. **Side-effects:** Adverse effects to paracetamol are rare, but hypersensitivity and blood dyscrasias have been reported. Codeine can cause opioid effects, e.g. constipation, nausea, vomiting, dizziness, light headedness, confusion, drowsiness, urinary retention. Frequency and severity depend upon dose and duration of therapy and patient susceptibility. Tolerance and dependence can occur, especially with prolonged high dosage of codeine. Caffeine may produce headache, tremor, nervousness, irritability, sleeplessness, palpitations and GI tract irritation. Legal Category: P

Further information is available from: Sterwin Medicines, One Onslow Street, GUILDFORD, Surrey, GU1 4YS
Telephone: (01483) 554091
Fax: (01483) 554809

Date of Preparation: June 2000 **Reference:** STW 0016

Sterwin Medicines

Freephone: 0800 3283627

Fax: 01483 554809

E-mail: sales@sterwin.com

www.sterwin.com



Barry Simner, head of pharmacy at Superdrug Stores plc, looks at how and why community pharmacy will develop over the next decade

Ten-year vision for pharmacy

More than 94 per cent of the population visit a pharmacy at least once a year and 24 per cent of visits do not result in a sale. Pharmacists are the first port of call for those with minor ailments - and it is vital that the benefits arising from this access to the public are maximised.

Pharmacists provide a key public interface with the NHS. They support, complement and, in some cases, duplicate the services provided by A&E departments, GPs and nursing staff. In many ways, they provide communities with a gateway to health care services.

It is obvious, though, that pharmacists' extensive training and abilities are not being used to the best effect.

But if they want others to recognise their abilities, pharmacists must first indicate what they are capable of providing.

Currently pharmacists are only used as an exit point from the NHS, for providing the drugs that follow treatment.

However, given the public interface they provide, their role as a gateway must be enhanced.

Patient access is a suitable starting point, as the convenience of community pharmacies is central to the service they provide.

Pharmacies will continue to be located in neighbourhoods, small communities and the high street, with additional services by individual pharmacies tailored to meet the needs of the local population.

More 24-hour services

We are likely to see late-night pharmacies and more 24-hour services. Competition will dictate that pharmacies respond to public demand.

Pharmacists can reach sectors of the population who are unwilling, or feel unable, to approach other health services. In some deprived areas the local pharmacist is the only regular contact people have with health professionals.



Pharmacists are also trusted and valued by their customers. In a recent survey in the Forth Valley, 98.2 per cent of respondents were reported as being satisfied or very satisfied with the service they were offered from their local pharmacy.

However, before the network that community pharmacy provides can

be fully exploited by the NHS, the profession must make progress in two key areas:

- liaison between pharmacists and other health professionals must be formalised and specialist skills developed;
- performance measurement and quality assurance standards must be enhanced.

NHS Direct shows us how it can be done and provides another interface with the public, which pharmacists should embrace and incorporate into their routine.

I envisage that in ten years both entry points will be working together and the management of minor ailments will have shifted from GPs, with widespread pharmacist prescribing.

Breaking down of professional barriers is vital if we are to redress of inequalities in healthcare in different areas and increase the quality of care. Much of the current support of vulnerable groups and liaison

between pharmacists and other health professionals is done on an ad-hoc basis.

Again, NHS Direct provides a template of how this relationship can be conducted.

Pharmacies will be able to establish mutual referral regimes with local practices by working closely with the local PCG. The necessary protocols are now in place and could be extended to new areas of the NHS.

Patient empowerment and disease prevention, two other crucial areas for the new NHS, must be considered simultaneously.

Pharmacists have been at the front line tackling these issues for decades and have developed considerable expertise.

In recent years, there has been a polarisation in levels of health awareness between the majority of the public and the most disadvantaged.

Left unaddressed, this knowledge

"Management of minor ailments will shift from GPs, and there will be widespread pharmacist prescribing"

gulf may widen. Pharmacists will become an increasingly important resource in combating poor health and hygiene awareness.

At the other end of the spectrum, the majority of consumers are likely to have a sophisticated understanding of their own health needs.

The information revolution will mean that in many cases they are likely to be as informed about their condition as their local GP or pharmacist.

However, the NHS does not, and will not, have the resources to deal with the worried well and the growing number of lifestyle drugs.

Pharmacists' disease prevention and health promotion roles should therefore be extended to complement more aspects of a patient's journey through the system.

"Lifestyle prescription" clinics could be introduced in many pharmacies, with health visitors and GPs recommending attendance.

There have already been trials of other initiatives such as angina and asthma clinics, producing positive clinical results.

Information technology will make the sharing of information and the monitoring of results more efficient and, once data protection concerns are addressed, patients' records could follow them through the system.

Here, pharmacists can follow other NHS professionals and place more emphasis on the spread of best practice and establish firmer national standards.

The Government could aid this by establishing more exacting requirements for all those who receive NHS remuneration. Community pharmacies could be "accredited" by PCGs to be included in such schemes.

The contribution of pharmacists to the care of vulnerable groups should also be revisited. The elderly and those with mental health problems are two obvious groups.

The over-65s, for example, account for 18 per cent of the population, but for 45 per cent of all prescription items.

Demographic changes
Changing demographics will exacerbate this imbalance and systems must be established to deal with the consequences.

A 1994 Audit Commission report estimated about one in six elderly people admitted to a general medical ward is suffering from an adverse drug reaction.

Explaining the effects of drugs, ensuring medication is suitable and monitoring compliance could significantly reduce stress for both patients and carers.

"The support pharmacists give to GPs should be formalised and domiciliary visiting introduced if necessary"

The work of many community pharmacists already places them on the cusp between medical and social care and they could provide a valuable route of access to other social services.

These "community responsibilities" could be made a requirement for pharmacists who wish to receive a professional allowance from the Government. The support pharmacists give to GPs should be formalised and domiciliary visiting introduced if necessary.

Increased pharmaceutical involvement in discharge planning has been implemented in Stockport and proved successful.

All these areas of care are

ideally suited to community pharmacists, who have local knowledge and can overcome many of the logistical difficulties faced by GPs, nurses and hospital pharmacists.

In ten years, pharmacists will become prescribers of knowledge, both in terms of other health professionals and their patients. The unrivalled access pharmacists have to the public, and the local knowledge they gain, will be far more appropriately applied.

However, the profession must be prepared to innovate and to illustrate, both at local and national levels, that it can thrive within an open and competitive market.

Pharmacists must be prepared to abandon the status quo and work with other health professionals so that they can grasp this unique opportunity to demonstrate their relevance to the modern and seamless health service of tomorrow.

This article appeared in the New Health Network book, 'NHS frontline – visions for 2010'. The book contains 16 essays from a range of health practitioners and NHS managers looking at how the NHS and healthcare might develop by 2010. Copies of the book, priced at £10, are available from the New Health Network, 42 Southwark Street, London SE1 1UX. Tel: 020 7407 1618.

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Pharmacists could be dispensing a cannabis-based medicine within the next four years. **Steve Bremer** looks at medicinal cannabis from its earliest use to the current state of knowledge

Trials offer high hopes

Cannabis was once described by Queen Victoria's personal physician as "one of the most valuable medicines we possess".

Its medicinal properties were recognised as long ago as 3000 BC, when the world's oldest surviving text book on drugs, the Chinese 'Shen-Nung Pen-tshao', described its value in treating rheumatic pain, digestive disorders, malaria, and "female problems".

Yet despite 50 centuries of experience in using the drug, a prescription medicine based on cannabis will not be available until 2004 at the earliest.

Cannabis regulated

Non-medicinal use of cannabis was first banned in Britain in 1928. However, the drug was available as both an extract and a tincture until it was controlled under schedule one of the Misuse of Drugs Act in 1971.

Because cannabis is abused, and there is no scientific proof of its medical efficacy, the World Health Organisation automatically added it to its strictest category of control. Governments around the world followed the WHO lead.

These controls have been recognised as too stringent by some, and calls have been made for their relaxation. The British Medical Association suggests that the World Health Organisation give advice to the United Nations Commission on Narcotic Drugs to reschedule certain cannabinoids.

This would enable the Home Office to amend the Misuse of Drugs Act. If the WHO does not give such advice, the Government should consider changing the Act to allow cannabinoids to be prescribed to patients with particular conditions, says the BMA.

The Royal Pharmaceutical Society

believes that the drug could be used medically, but only when a standardised product becomes available.

Despite controls, cannabis still enjoys widespread recreational use. It is estimated that about a third of 16-29-year-olds in England and Wales have smoked it within the previous year.

Cannabis is usually smoked in a joint or pipe. It may also be eaten, but smoking is the easiest way to achieve the desired psychoactive effects. A typical joint contains between 0.5g and 1g of cannabis.

Delta-9-tetrahydrocannabinol (THC) is the primary psychoactive ingredient in cannabis. As little as 2-3mg of available THC will produce a "high" in occasional users, while regular users may smoke five or more joints a day.

When smoked, cannabis induces a feeling of relaxation and mild euphoria. At higher doses it can produce hallucinogenic effects, similar to LSD. And, as with LSD, users may also experience nausea, anxiety and panic. Heart rate may increase by 20-50 per cent within a quarter of an hour, and this can last for up to three hours. Distortions of space and time estimation, reduced vigilance and impaired co-ordination are likely to render heavy users liable to accidents.

Long-term effects of cannabis smoking are controversial. Both "cannabis psychosis" and the "amotivational syndrome" remain unproven. There is some evidence that long-term use may cause tachycardia, hypertension and hypotension.

Smoking a joint containing only herbal cannabis leads to the inhalation of three times more tar than a tobacco cigarette. Chronic use increases the risk of cardiovascular disease, bronchitis, emphysema and probably lung cancer.



Dr Geoffrey Guy tends to cannabis plants at GW Pharmaceuticals' secret greenhouses in the south of England

Cannabis as a medicine

There is considerable evidence that cannabis may have a number of medicinal uses, including:

- analgesia and relief of spasticity in multiple sclerosis
- analgesia in other neurological disorders such as paraplegia and neuralgia
- appetite stimulation in AIDS patients with wasting disease
- prevention of nausea and vomiting associated with chemotherapy
- treatment of epilepsy
- mood disorders and psychiatric conditions
- treatment of glaucoma.

Until now there have been no controlled clinical trials on the therapeutic benefits of cannabis. It is known to be safe - the ratio between a therapeutic dose and a fatal amount is about 20-40,000. This compares with a standard pharmaceutical ratio in the region of 50-100.

According to the BMA, "the acute toxicity of cannabinoids is extremely low; they are very safe drugs and no deaths have been directly attributed to their recreational or therapeutic use".

Current research was triggered by a House of Lords select committee on cannabis formed in 1997. Its report, which was published the following year, concluded that cannabis did appear to have significant therapeutic value and that trials into its use should begin with some urgency.

GW Pharmaceuticals was granted licences from the Home Office in the same year to cultivate, possess and supply cannabis for research. Since then, 20,000 plants have been grown at a secret location in the south of England. It is the world's only legal source of pharmaceutical grade cannabis.

Chairman of GW, Dr Geoffrey Guy, says: "My professional view of cannabis as a substance is that it appears to be remarkably safe in comparison to most medicines prescribed today. The more I learn about this plant, the more fascinated I become."

He adds that his task has been made more meaningful by more than 1,600 reports he has received from patients about their various conditions and how cannabis has helped them. "I have been working in this area long enough to believe that in cannabis we have a very, very worthwhile medicine that needs to be proven," he says.

If the trials prove successful, the WHO is expected to relax its recommendations, and governments would be free to move the drug from schedule one to schedule two (or its equivalent). The Pharmaceutical Society would ask the British Government for a change in the law, allowing a cannabis product to be prescribed for certain medical conditions such as MS.

If pure THC is proven to be effective and legislation is amended, one product could be prescribed

immediately, albeit only on a named patient basis. Marinol capsules, containing 2.5mg of pure THC, are licensed in the US for treatment of nausea in patients receiving cancer chemotherapy and for appetite enhancement in AIDS patients.

If another cannabinoid or cannabinoid combination is proven to be effective, the race would be on to market a suitable product.

Current research

GW is researching cannabis use in MS, spinal cord injury, phantom limb pain, cancer pain and a range of intractable neuralgias. The trials will later be extended to cover epilepsy, arthritis and AIDS wasting syndrome.

The company began phase two clinical trials in April, and expects to complete them by the autumn. These use the 'n of 1' design, where each patient is a complete study, acting as his or her own control. The technique, suggested by an Institute of Medicine report, can accommodate many patients suffering from a variety of conditions.

The 12 patients in the GW trials alternate between using one of four products in a random order - placebo, a product with a high THC content, one with a 50:50 THC:cannabidiol (CBD) ratio, and a high CBD product. Patients titrate their own dose to achieve a therapeutic effect.

Separate trials are about to take place using protocols developed by the Pharmaceutical Society. The Society issued two protocols in January last year that were designed to test the effectiveness of cannabis in spasticity associated with MS and in the treatment of postoperative pain. They were produced by a cannabis working party set up by the Society's chief scientist, Professor Tony Moffat.

The trials should discover whether cannabis has a therapeutic effect in the two conditions and whether a cannabis extract has any additional benefit over pure THC.

Spasticity in MS was chosen as one of the areas for investigation because this is the most common, albeit illegal, use of the drug. A novel drug treatment for MS would be "a huge jump" for sufferers, says Professor Moffat.

Dr Guy agrees that MS would be an "excellent" indication for a cannabis-based medicine. Because it acts on so many different receptors, the drug could control a range of MS symptoms. He also thinks that the drug will prove useful for patients with arthritis.

Dr John Zajicek of Derriford Hospital, Plymouth, will lead the Society's MS study, which will involve 600 patients. The project has received £950,000 of funding from the Medicines Research Council.

The trial is expected to begin in early September. It will study MS

patients who have significant spasticity in some of their leg muscles. Patients will be randomised to receive either:

- Cannador - capsules containing extract of cannabis plant standardised to contain 2.5mg of THC. The cannabis for this product is grown in Switzerland and put into capsules in Germany;
- Marinol capsules;
- placebo capsules.

Dr Anita Holdercroft of Hammersmith Hospital will lead the other study, looking at 300 patients who have had abdominal surgery or a tonsillectomy. This study has recently been granted £400,000 of funding from the MRC.

Professor Moffat does not expect postoperative pain to be a major use for a cannabis medicine, but it does provide a useful model that could be extended to chronic pain, and is a relatively straightforward study.

He is confident of the success of cannabis in the trials. "There is no doubt in my mind that cannabis will prove effective in MS," he says. "If I didn't believe it, I would never have pushed it in the first place." He is not so sure about the efficacy of pure THC, giving it a "50/50" chance of success.

Professor Moffat believes a combination of chemicals in the cannabis plant will prove more effective than THC alone. However if THC alone were to prove effective, it would be "wonderful", because a

licensed product already exists and patients could be treated immediately.

There is plenty of scope for other indications, because of the drug's muscle relaxant properties. Professor Moffat believes. For example, it may relax the bronchioles in asthma, or relax muscles in epilepsy. Cannabis may also provide an alternative to opiates for chronic pain in conditions such as arthritis or cancer.

Dr Guy believes that there will eventually be different cannabis-based medicines for different disorders. He expects combined THC and CBD products at different ratios to be the most popular. But a pure CBD product is likely to have indications in psychotic patients, and it has been shown to control pain and inflammation in arthritis.

"So far we have not found anything to discourage us from any indication. We've got a wide range of products that may cater to a wide range of indications," says Dr Guy.

Routes of administration

GW's trials are using a sublingual liquid as a delivery vehicle. This provides rapid relief and allows patients to effectively titrate their dose. Effective titration avoids overdosing and the "high" traditionally associated with

Continued on P31→



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Partners for Success

Malcolm Fairbrother bought Janssens Pharmacy, which is located in a suburban area of Bedford, in 1993. Mr Fairbrother attained an MBA in 1985 and his business skills were recently recognised when he won an investment competition in 1999, run by ICP magazine

Mr Fairbrother provides a professional service to the local community and is contracted to provide clinical advice and drugs to a local hospice. His practice is also well known for its homoeopathic dispensing. He said the biggest problem he faced as he grew the business was the shortage of cash and the worry of going overdrawn.

Recently cash flow hasn't posed any problems to him. The answer, he has found, lies with a new pharmacy business solution, Pharmacy Partners.

Mr Fairbrother says: "Pharmacy Partners released my cash from the system, allowing me access to my money. It has removed the worry of going overdrawn. It's an awful lot easier to plan in the short to medium term as you are no longer in the dark as can be the case for the existing NHS payment system."

Since he joined Pharmacy Partners he no longer faces the same problems. By notifying Pharmacy Partners each day of his NHS dispensing, the cash is in his bank account within 48 hours. Pharmacy Partners also makes an initial payment covering the previous 52 days dispensing when a pharmacy signs up for the service.

He says: "Pharmacy Partners allows you to take advantage of opportunities when they arise. For example, I can take advantage of special offers and early settlement incentives which has helped increase my profitability."

The initial payment Mr Fairbrother received from Pharmacy Partners enabled him to purchase a colleague's homoeopathic dispensing practice. He says: "I am waiting to decide what to do with the rest of the money. It is nice to have so many possibilities open to you to develop and expand the business."

Pharmacy Partners also provides user-friendly business analysis reports



Malcolm Fairbrother in his pharmacy in Bedford

to help pharmacists monitor and guide their businesses. Monthly data includes feedback on NHS turnover, cash-flow, dispensing trends, growth rates and helps monitor any scripts referred back to the pharmacist. Mr Fairbrother believes that the reports have helped keep him on the right track.

In summing up Pharmacy Partners, he says: "Pharmacy Partners has certainly met my expectations. The

Pharmacy Partners service has allowed me to develop a sensible and attainable business plan. This is no 'pie in the sky' job. I am now in a position where I can plan, develop and know where I am. I would highly recommend the Pharmacy Partners service to any pharmacist who wanted to take advantage of the opportunities available if their cash, caught up in the PPA cycle, was released."

Dispensing Date	Assessed Value
01 Jun 2000	808.56
02 Jun 2000	901.08
03 Jun 2000	472.44
05 Jun 2000	1,004.52
06 Jun 2000	915.90
07 Jun 2000	992.52
08 Jun 2000	1,160.94
09 Jun 2000	928.62
10 Jun 2000	634.14
12 Jun 2000	1,019.70
13 Jun 2000	938.16
14 Jun 2000	1,081.50
15 Jun 2000	717.48
16 Jun 2000	876.72
17 Jun 2000	613.68
19 Jun 2000	860.82
20 Jun 2000	902.52
21 Jun 2000	837.90
22 Jun 2000	656.76
23 Jun 2000	922.62
24 Jun 2000	478.44
26 Jun 2000	848.82
27 Jun 2000	793.74
28 Jun 2000	968.52
29 Jun 2000	549.06
30 Jun 2000	742.20

Sample of a daily transaction report (left) and Pharmacy Partner's credit card terminal (right)



IN SUMMARY

- Pharmacy Partners releases pharmacists' cash caught up in the NHS cycle on a daily basis. Pharmacists will no longer bear the cost of continuously being owed money by the NHS. Now they have the opportunity to put their money to better use.
- Pharmacy Partners is a new way for pharmacists to permanently gain access to money to invest in their business. Pharmacy Partners gives pharmacists permanent cash to invest in their business and increase their profitability (eg improved buying, merchandising, premises, adding clinical services). In addition, the amount of cash released increases in step with the growth of the pharmacist's business.
- Pharmacy Partners puts the pharmacist in control of his daily NHS dispensing by converting it to a cash business. The pharmacist receives a report each night on the value of his NHS prescribing that day and payment of those funds within 48 hours, giving cash-flow certainty.
- Pharmacy Partners is easy to use, being based on proven credit card technology. Pharmacy Partners uses proven credit card technology to provide daily business information. Like a merchant credit card, it is available to all pharmacists. It is not a loan, is non-intrusive and is not tied to any wholesaler or industry supplier, providing greater flexibility.
- Pharmacy Partners is an independent business that enjoys major institutional backing.

For information contact Jeremy Tozer (BPharm (Hons) MRPharmS) or the Client Services Consultants on Freephone 0800 144 5554





Mature Cannabis sativa plants being hung in the drying room at GW's secure glasshouse facility

→Continued from P29

cannabis use. GW has also obtained a grant from the Department of Trade and Industry to help develop a vapouriser delivery system.

Taken orally, cannabinoids are slowly and irregularly absorbed, and rates of first pass metabolism vary greatly between individuals. But the prolonged duration of effect may be therapeutically useful and merits further investigation, the BMA believes.

But Dr Guy describes the oral route as "untenable". Patients have no ability to titrate their dose, and absorption is so variable that half of patients may overdose while the other half would not obtain therapeutic levels.

Suppositories are another possibility as cannabinoids are absorbed directly from the rectal mucosa and, as when inhaled, do not undergo first-pass metabolism. Intravenous administration requires delivery as a fast-flowing saline infusion and is not practical for long-term use. Skin patches have yet to be investigated.

Pharmacology

THC is generally considered to be the most active cannabinoid, but others may also have therapeutic properties and/or affect THC activity. Cannabinoids are weak acids in the fresh plant, but are converted to a neutral form when they are aged, dried and heated. In their acid form, cannabinoids have minimal clinical effects; they become much more active after conversion to neutral forms.

Scientists have only begun to understand the mode of action of cannabis in the last decade. They have discovered receptors in the brain that are stimulated by cannabinoids. These receptors are mainly in the cerebral cortex, basal ganglia, and cerebellum.

Some experts believe the receptors in the cortex may explain the cognitive effects of cannabis, and those in the basal ganglia and cerebellum may account for its action on muscle spasms and other motor disorders.

THC acts on two different receptors - CB1 and CB2. CB1 receptors are

located in the brain, and it is the stimulation of these that produces THC's psychoactive effects. They are distributed in discrete areas, including those concerned with motor activity and postural control (basal ganglia and cerebellum), memory and cognition (cerebral cortex and hippocampus), emotion (amygdala and hippocampus), sensory perception (thalamus), and autonomic and endocrine functions (hypothalamus, pons and medulla).

CB2 receptors are mainly located in macrophages in the spleen and probably mediate the immunological effects of cannabinoids. While CB1 receptors are found in both the central nervous system and peripheral tissues, CB2 receptors are only present in peripheral tissues.

The first endogenous substance shown to interact specifically with cannabinoid receptors was called anandamide after "ananda", the Sanskrit word for bliss. It has a different chemical structure from plant-derived and synthetic cannabinoids, being a derivative of arachidonic acid.

Two similar endogenous fatty acid derivatives have since been isolated. Though not tested in man, these compounds exert many of the actions of THC seen in animals. It appears the mammalian body contains a whole system of cannabinoid receptors and anandamide-related substances. However, the system's mechanism of action and physiological function remain obscure.

Cannabinoid receptors and anandamides seem to reside within neuronal membranes. Unlike classical neurotransmitters such as noradrenaline and acetylcholine, anandamides are not released into extracellular spaces and are not involved in interneuronal communication.

Instead the system appears to modulate the excitability and responsiveness of neurones. It does this by influencing intraneuronal events such as the formation of cyclic AMP (adenosine monophosphate, an energy-providing compound) and the transport of calcium and potassium ions across nerve membranes.

The cannabinoid-anandamide system undoubtedly interacts with many other neurotransmitter/neuromodulator systems including cholinergic, noradrenergic, dopaminergic, serotonergic, GABA, N-methyl-D-aspartate (NMDA), opioid, glucocorticoid and prostaglandin systems. All these interactions are under investigation but their role remains unclear.

The plant

There are two subspecies of cannabis plant - Cannabis sativa and Cannabis indica. Sativa, the more widespread of the two, is a loosely branched plant that may grow to 20 feet. It typically

contains less than 1 per cent THC.

Cannabidiol (CBD) is present in far higher concentrations in sativa plants. While CBD does not have a direct psychoactive effect, it seems to affect how the brain synthesises THC.

The indica subspecies is a much smaller, bushier plant that produces a psychoactive resin. Cannabis indica contains 1-5 per cent THC, and is the variety used for medicinal purposes.

More than 400 chemical compounds have been identified in Cannabis sativa, of which more than 60 are cannabinoids. This family of chemically related 21-carbon alkaloids are found uniquely in the cannabis plant.

Producing the raw material

Any future cannabis-based medicines are likely to be produced from a botanical source. It is quicker to obtain the raw products from plants than to produce them chemically, which involves a 17-step synthetic process. Chemical synthesis does not produce such pure products and they are associated with more side effects.

Because the absolute regulatory requirement for a plant-based medicine is "control of the starting materials", GW's main consideration in producing the raw material is the cultivation of highly consistent plants with defined cannabinoid ratios.

Total yield of cannabinoid is therefore relatively less important than

consistency. GW is growing a number of chemovars (varieties characterised by their chemical content), which are chosen for morphological traits such as hybrid vigour and disease resistance.

Botanists are producing significant quantities of THC, CBD, THCV (the propyl analogue of THC), CBCV (the propyl analogue of cannabichromene), and CBG (cannabigerol). Nothing is known about the pharmacology or therapeutic effects of CBC and CBG.

THCV, present in South East Asian varieties of cannabis, is thought to cause "clearer" psychoactive effects with fewer side effects. This may suggest greater or more specific affinity for certain cannabinoid receptors.

THC and CBD are the principal cannabinoids in plants grown in maritime and temperate climates, with THCV and CBC replacing them partially or completely in tropical and equatorial climates.

British patients typically use Moroccan hash, in which up to half of the cannabinoid may be CBD. In contrast, American plants contain almost entirely THC.

Because THC:CBD ratios are thought to be important to therapeutic outcome, American and British materials could ultimately be viewed as different medicines.

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The European Convention on Human Rights is about to become part of UK law. Pharmaceutical consultant **Gordon Appelbe** considers the implications for pharmacists



Human rights and pharmacy

In October the Human Rights Act 1998 comes into force, and from that date the rights guaranteed under the European Convention on Human Rights become part of UK law.

The Act makes it unlawful for a 'public authority' to breach the Convention unless it could not have done otherwise because of provisions set out in primary legislation.

Since examples of a 'public authority' could include the Department of Health, the Royal Pharmaceutical Society, a health authority or a hospital trust, pharmacists could find themselves affected by the Act in their day-to-day affairs.

The Act requires that all legislation is interpreted as being compatible with the Convention and, where it is not, a court may:

- disapply secondary legislation, or
- in the case of primary legislation, give a declaration of incompatibility, thus allowing a Minister of the Crown to amend the legislation so that it will comply with the Convention.

No exemptions ...

Some of the Convention rights are absolute, ie there are no exemptions to them. These include the right to life and prohibition on slavery (employee pharmacists might like to think about this one!).

Other rights, such as the right to a fair trial or the right to privacy, can be limited under specific circumstances.

Certain rights are qualified, for example the right to freedom of expression, but the qualification must have a basis in law and be necessary in a democratic society. These qualified rights can be defended on the grounds of public interest, protection of health or morals or the economic wellbeing of the country.

The Court on Human Rights in Strasbourg has given a broader interpretation of Convention rights than a strict legal one, and this principle will no doubt be followed by the UK courts and tribunals.

What does it mean for pharmacists?

So what are the Convention rights, and which ones are likely to affect healthcare, pharmacy and pharmacists? Here is just a flavour.

Article 2 states: "Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally..."

This could be invoked by a claimant if it could be shown that death or further injury would have been avoided if the patient had received treatment.

The widely held view is that some of the first cases to reach the courts will be where health authorities have refused to treat patients with a new expensive medicine or piece of equipment, arguing that they lack the financial resources. A similar claim may arise where health authorities or doctors have refused to treat patients

on the basis of age or incurability. The instruction 'DNR' (do not resuscitate) for the terminally ill may disappear from the medical lexicon.

The Act will almost certainly extend the liabilities carried by such authorities without the claimant having to prove that negligence had occurred. It may be that the supply of emergency contraception from a hospital or clinic could be challenged using Article 2.

Article 5 states: "Everyone has the right to liberty and security of the person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law"

The exceptions relate mainly to lawful arrest or detention before or after court proceedings but also where there is lawful detention of persons of unsound mind, alcoholics, drug addicts or vagrants or to prevent the spreading of infectious diseases. The "right to security" has not been given a separate meaning from "the right to liberty" but is read in context of physical liberty¹.

There have been cases where pharmacists have been invited to attend a police station and, on doing so, have been arrested by the police for Controlled Drug offences, particularly those relating to inadequate or sloppy record-keeping.

In these instances, under the Act the pharmacist must be informed "promptly", in a language which he/she understands, of the reasons for

his/her arrest and of any charge against him/her. He/she must also be brought promptly before a judge and be entitled to a trial within a reasonable time.

The presumption is that bail should be granted to prevent the breach of the Article concerning unlawful detention. Anyone arrested in contravention of the provisions of Article 5 has an enforceable right to compensation.

Article 6 states: "In the determination of his civil rights and obligations or of any criminal charge against him, everyone is entitled to a fair and public hearing within a reasonable time by a independent and impartial tribunal established by law. Judgment shall be pronounced publicly (except) to the extent strictly necessary in the opinion of the court in special circumstances where publicity would prejudice the interests of justice."

Anyone charged with a criminal offence has certain rights including being informed of the nature and cause of the accusation against him, and to have adequate facilities to defend himself in person or through legal assistance.

It will be interesting to see the effect this Article has on the availability or otherwise of legal aid in civil actions such negligence cases, bearing in mind the recent cut-back in granting it. Refusal of legal aid could result in a plaintiff in effect not

having access to the Courts and common justice.

This is a very important Article and one which has led to more cases before the European Court than most. The right to a fair trial also applies to an individual in determining his legal rights and obligations, ie civil actions as well as criminal ones. However the Article does not apply to a body or committee whose proceedings are not definitive but are merely acting at an investigative stage.

The right to manufacture and distribute medicines, either wholesale or retail, is a civil right and therefore applications for marketing authorisations or manufacturing and wholesaler dealing licences under the Medicines Act would be subject to the legislation.

The Medicines Control Agency and its committees, such as the Medicines Commission, will be have to comply with this new legislation to ensure a fair hearing is available to applicants when decisions for market authorisations or licences are considered and when market authorisations are to be varied or revoked.

Statutory Committee in the spotlight

The activities of the Royal Pharmaceutical Society will be subject to the Act, particularly its Statutory and Adjudicating Committees, to mention only two.

A fair hearing requires that an applicant or litigant has access to the hearing, has been given adequate notice of time and place of the hearing, has had the opportunity to present his case and examine witnesses and, ultimately, has been given a reasoned hearing².

Article 6 requires that hearings should be in public, although people may be excluded where the interests of morals, public order or national security are concerned.

The European Court has held that the right of a public hearing extended to disciplinary hearings in the case of a doctor³. The judgement must be given in public, and recently the Courts in the UK have held that reasons must be given in decisions of the Health Committee of the General Medical Council⁴.

The Society's Statutory Committee has always sat in public - although only recently in restoration cases - and given reasons for its decisions.

Another major part of Article 6 is that hearings should be held within a reasonable time. In the UK common law has the maxim that 'justice delayed is justice denied'.

What constitutes 'reasonable time' will depend on the circumstances.

In the past some Statutory Committee cases have taken several years. There have been Crown Court cases followed by an appeal, where

the Statutory Committee has decided to await the outcome before considering the matter itself. These procedures may have to change.

Some cases have then taken 12-18 months before being heard by the Committee. When a pharmacist has been struck off and an appeal to the High Court follows, the case can take another 12 months. There have been few successful appeals against a striking off, but one was on the grounds of delay⁵.

Under the new Act, delay would almost certainly be considered a breach of the Convention. This type of dilemma was illustrated recently in two cases when the chairman of the Statutory Committee specifically commented on delay while giving the Committee's decision⁶.

Other areas where this could affect Society procedures include:

- the working of the Statutory Committee regulations
- the Adjudicating Committee of the Society which assesses the position of overseas pharmacists wishing to practise in the UK
- problems which arise when pharmacy graduates fail the pre-registration examination three times and request a fourth sitting.

Article 8 states: *"Everyone has the right to respect for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as is accordance with the law and is necessary...for the prevention of disorder or crime."*

This article could apply to the Society's enforcement role, where property can be seized by an inspector or where there may be a need to search an offender's residence.

However, there is an exemption in that it could be an action to prevent a crime and/or because the Medicines Act permits seizure under certain circumstances and precludes entry to premises used only as a private dwelling, unless the occupier is given notice.

Perhaps consent of the occupier rather than notification will in future be needed. Alternatively, a magistrate can issue a search warrant.

On a different point, could a teenager insist on being supplied with emergency contraception with the argument that: "It is my body and I will decide what I will take"? What if the teenager is under 16 years and the pharmacist refuses to supply, with the inevitable consequence? What if the pharmacist supplies and the girl's mother protests that it amounted to an abortion and that there was a breach of Article 1, or a breach of the respect for family life?

There is no easy answer.

Article 8 also complements the

UK's common law duty on confidentiality. The Society's new confidentiality clause⁷ was recently passed at the AGM and pharmacists should be fully aware of its requirements. Part 3 of the consultation document on the revised Code is delayed⁸ to take into account the implications of certain pieces of legislation⁹ - including the provisions of the Human Rights Act.

Article 9 states: *"Everyone has the right to freedom of thought, conscience and religion ... shall be subject only to such limitations as are prescribed by law."*

After the oral contraceptive first became available, the Society amended its Code of Ethics to allow a pharmacist to be able to refuse to supply on conscience grounds. The NHS Chemists Terms of Service also has a conscience clause. Article 9 reinforces the right of freedom of conscience, and this means that pharmacists who have a conscientious or religious objection to the supply of EHC could probably not be disciplined for failure to provide such a health service.

Summary

There is no doubt that the coming into force of the Human Rights Act will lead to many challenges in the Courts particularly relating to Articles

1 and 6. The Society, the Medicines Control Agency, health authorities and trusts should ensure that their various proceedings comply by October.

Much of this discussion is speculative as the Convention can be confusing.

Some Articles appear to contradict one another whereas others reinforce one another.

However, public bodies and pharmacists alike should be aware of the considerable impact the Act, and the Convention, could have on our lives in future.

References

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- 4 Stefan v General Medical Council (1999), The Times, 11.3.99
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A seminar to celebrate the 400th anniversary of the Globe Theatre was held at the Royal Society of Medicine recently. **Charles Gladwin** reports

Throw physic to the dogs

Eye of newt and toe of frog may be one of the more memorable 'receipts' to survive from Shakespeare's time. But, for many in the Elizabethan age, such 'traditional' ingredients were playing second fiddle to a new and exciting range of medicines brought from newly visited lands afar.

Just as there was an interest in exotic fine silks, lacquerware, china and gold, so the trade routes and New World discoveries were bringing a new pharmacopoeia to the wealthy classes, and it was generating a new attitude to body and mind.

Francis Bacon reflected a national trend, being a great believer in the daily physic. His diaries indicate that hardly a day would go by without him taking drugs of one sort or another to ease his body. In July 1608, his diary records the details of a clyster or enema and includes the ingredients rhubarb, nitre, sandalwood, figs and wormwood. All these were new compounds brought from overseas which displaced the traditional European herbs, in part because the fashion for exotica extended to all aspects of living.

Physic was seen as a mood-inducer, argued Professor Lisa Jardine, professor of Shakespeare at the University of London. Vomiting and excreting were accompanied by a sense of exhilaration. People had a regimen of food and drug intake to regulate bodily function as well as the side effects brought on by the drugs. More drugs would be taken as a result, but this also meant people's faculties were fevered and excited.

The clyster could bring on melancholy, but Bacon wrote that a light supper without wine brought about a feeling of lightness and peace. His preoccupation in purgatives and their potential for affecting the body is reflected in his study of the natural world which contains many references to purgatives among the flora.

Later in the 17th century, Robert Hook wrote about the effects of the purgative on the body and the mind, and was another to use physic on a daily basis. The more traditional physicians despised this newfangled chemical medicine, described as Paracelsian. Traditionalists based much

of their therapy on Galen, and so great was their distaste for the newer medicinal theories they referred to the modernists as 'shit briches'.

Professor Jardine suggested that Bacon's eagerness to partake of the chemical remedies led to his death, most likely from an overdose of nitre. Not all the Bacon family were so keen. Francis Bacon's nephew Edmund, an apothecary, was concerned about the effects of the emetics, diuretics and purgatives and their potential for harming the organs.

Of course, another new and very popular drug had recently been imported from the Americas, Nicotiana tobacum or tobacco. But even then, there was a distinct sense of its potential nastiness, as James I pointed out in his 'A counterblaste to tobacco' in 1604. Tobacco had earlier received

the attentions of a doctor from Seville, Monardes, who had advocated its use as a wonder cure for 36 conditions such as worms, halitosis, lockjaw, toothache and cancer.

In Sonnet 118, Shakespeare alludes to the way mind-altering substances and purging could work. The rhyming couplet at the end is specific, but the theme of the sonnet is the purgative regime, suggested Professor Jardine. You sicken, you take something that gives similar symptoms, the body is cleared and well-being returns.

The sonnet's speaker says they need a caustic 'bitter sauce' to clear the system of 'sweetness' or love.

This connection with mood and medicine is further demonstrated in the Scottish play. Confronted by his wife's madness, Macbeth asks the doctor:

Sonnet 118

"Like as, to make our appetites more keen,

With eager compounds we our palate urge.

As, to prevent our maladies unseen,

We sicken to shun sickness when we purge,

Even so, being tuff of your ne'er-cloying sweetness,

To bitter sauces did I frame my feeding

And sick of welfare, found a kind of meetness

To be diseased ere that there was true needing.

Thus policy in love, to anticipate

The ills that were not, grew to faults assured

And brought to medicine a healthful state

Which, rank of goodness, would by ill be cured:

But thence I learn, and find the lesson true,

Drugs poison him that so fell sick of you."

"Canst thou not minister to a mind diseased,

Pluck from the memory a rooted sorrow,

Raze out the written troubles of the brain

And with some sweet oblivious antidote

Cleanse the stuff'd bosom of that perilous stuff

Which weighs upon the heart."

But when the doctor says it is for Lady Macbeth to administer the treatment that will help her, Macbeth retorts: "Throw physic to the dogs. I'll none of it."

Lady Macbeth's illness is a metaphor for the warring country; Macbeth prepares to ride out to fight the English who are like a cancer within the Scottish countryside. He asks the doctor if there is not a way of restoring the state of his own land by the use of the exotic purgatives:

"If thou couldst, doctor, cast

The water of my land, find her disease,

And purge it to a sound and pristine health,

I would applaud thee to the very echo,



That should applaud again — Pull't off, I say —
What rhubarb, cyme [senna], or what
purgative drug,
Would scour these English hence?"

What is the city?

In London in 1603, life expectancy was about 27 years for males and 30 for females. However, if you reached this allotted span without mishap there was a reasonable chance that you could live for another 20 to 30 years.

At the other end of the spectrum, infant mortality was about 200-300 per 1,000, revealed former chief medical officer Sir Kenneth Calman. Today, the figure is just under six per 1,000. Even so, in the mid-16th century more children were born than people died, but the rates levelled off around the time of James I. It was

not until the late 17th century that births outnumbered deaths and life expectancy started its long, slow rise.

Geography also played a big role in health, with altitude increasing your chances of health and longevity. A survey of parish registers of Essex and London shows that the unhealthy parishes were found in the low-level parts of the country — the coast and marshes. Death rates were higher on the low-lying Isle of Sheppey in the Thames/Medway estuary compared with the hillier Weald only 20 or so miles to the south.

With malaria and other fevers more common at the lower levels, it is not surprising that warm weather was matched with an increased death rate. Compare that with today's climate controlled and poorly ventilated population, where it is cold weather that is associated with excess mortality.

The major health problems were infections and fevers, malaria, venereal diseases, especially syphilis, and epidemics of all sorts. Fashion meant that there was an obsession with the skin. Cosmetics and disguises were widely used to hide boils and pock marks, and quacks and salves flourished as a result. Another health problem was the level of accidents — drowning, fractures, burns, dog bites and poisoning were very common.

Nutritional deficiencies meant that diseases such as scurvy and rickets were abundant. People either ate too much, if they could afford it, or too little, and riots would occur because of the lack of food.

Food was also important for hierarchy and used as a currency. There was a black market in stealing dough or smearing stale meat with fresh blood so that it could be sold.

Attitudes to life were generally

fatalistic. Death was inevitable, as were ill health and epidemics of fevers, infections and pestilence.

Sanitation had improved in the 16th century. Sir John Harrington had developed the first flushing water closet and Henry VIII had drawn up a charter on sewers in 1532. However, this was more to do with farming as rain would make ill-drained land marshy and unusable for agriculture. Effective sewers were not to appear until the Victorian era.

The relationship between marshes and ill health had been recognised for centuries. In *The Tempest*, Caliban says: "All the infections that the sun sucks up from bogs, fens, flats, on Prosper fall and make him by inch-meal a disease!"

The plague was a regular visitor, appearing every seven years or so from 1580 until the

Great Fire in 1666. It spread from Lisbon, but quarantine measures failed to keep the plague out of London. After every outbreak, boats and ships were required to moor further down the Thames away from the Pool of London.

The fear of contagion is expressed in *Romeo and Juliet*. Friar John and Friar Lawrence are talking:

Friar Laurence: "Welcome from Mantua: what says Romeo? Or, if his mind be writ, give me his letter."

Friar John: "Going to find a bare-foot brother out, one of our order, to associate me, Here in this city visiting the sick, And finding him, the searchers of the town, Suspecting that we both were in a house, Where the infectious pestilence did reign, Seal'd up the doors, and would not let us forth: So that my speed to Mantua there was stay'd."

Friar Laurence: "Who bare my letter, then, to Romeo?"

Friar John: "I could not send it, — here it is again, — Nor get a messenger to bring it thee, So fearful were they of infection."

Another 'pestilence' was venereal disease. The south bank of the Thames, opposite the City of London, was where pleasures were taken. Although it is a moot point whether Columbus brought it back, the 'Great Pox', or syphilis, spread throughout the world in the 16th century. The term syphilis dates only from 1686 in England when Fracastorini's work of 1530, 'Syphilidis, sive morbus gallicus' was translated.

Treatment for the great pox was often carried out in lazar houses, which were seeing a decline in use for treating leprosy. People with the pox sat in a sweating tub, a bit like today's steam cabinets for weight reduction. But instead of steam, cinnabar or mercuric oxide was lit beneath the

occupant, and the dusty ash would rise and coat the body. This might have had some effect as mercury will kill the spirochetes of primary infection, but will not affect secondary syphilis.

The great pox was also known as Neapolitan bone-ache or the French disease, and in France as verolle. In the brothel scene in *Pericles*, the servant Boulton asks a prostitute: "But mistress, so you know the French knight that cowers i' the hams?"

The Bawd replies: "Who, Monsieur Veroles?"

Moping melancholia

Members of the College of Physicians were few and far between in the provinces. More common were the 'astrological physicians', who had a role similar to that of the modern GP, and whom most of the population consulted. At that time people saw no problem in taking advice from a variety of sources, and they had a much more eclectic model of medicine.

The Rev Richard Napier, an astrological physician in Sandy, Bedfordshire, kept records of every question asked in consultations. They give an insight into the prevalence of mental illness and Napier noted the extent to which oppression makes people depressed, melancholy or mad.

As today it was women who were more likely to consult, in part because they had readier access to the doctor,

as well as being more prepared to communicate, proposed Professor Anthony Clare.

The commonest problems presented can be classed into four main groups: troubled courtships, mental problems, bereavements and economic problems (a lack of money or goods).

Paracelsus had made the distinction between illness and learning ability, thereby setting apart fools and the mad. However, the astrological physicians recognised that the concept of madness was complicated.

"The miserable have no other medicine but only hope," wrote the Bard. It is possible though, that the interest in mind, body and drugs that became a part of normal life in the first Elizabethan age framed today's drug culture.

Shakespeare and Medicine was held at The Royal Society of Medicine on June 24. Among the speakers were: Professor Lisa Jardine, professor of Renaissance studies, University of London; Professor Sir Kenneth Calman, vice chancellor and warden, University of Durham; Dr Michael Waugh, president, International Union Against Sexually Transmitted Infections; Professor Anthony Clare, clinical professor of psychiatry, Trinity College Dublin; and Sir David Innes Williams, president of the RSM Section on the History of Medicine.

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WalMart takeover rumour follows Boots Dutch sell-off news

Boots has sold all 17 of its Dutch stores to the Dutch retailer Etos. Boots announced last week that it had decided to close all its dispensaries in Holland.

A spokesman said Boots had been unable to disclose the deal earlier as "the lawyers for Etos had been in the next room at the time".

Boots will transfer all of its stores, including property rights and stock, to the retail chain, which owns 412 stores throughout the Netherlands. The company will also pay Etos Dfl3.5m (£962,000) in respect of certain obligations.

The agreement, which takes effect on November 6, will give Etos exclusive rights to the distribution of certain ranges of Boots products, including No7 cosmetics, 17 cosmetics, Boots Botanics Toiletries and Liz Collinge Cosmetics.

Summing up the deal, a Boots spokesman said: "From struggling to open 17 stores, we now get national distribution for our power products."

He admitted that its model of retailing had not worked for the Dutch consumers and that a rethink of its strategy in Europe was needed.

He confirmed that Boots was talking to retailers in other countries about the possibilities of a similar deal.

Several weekend newspapers carried the story of a possible take-over of the high street chemist by WalMart for an estimated £6 billion.

The Boots spokesman would not comment on the rumour other than to say it was noticeable that the *Independent on Sunday*, which covered the story first, did not attribute any of its information to anybody working for WalMart, or indeed Boots.

Marc Godliman, from retail consultancy Verdict, said it would be unprecedented for WalMart to move out of its core competence of out-of-town retailing on a grand scale. He was highly sceptical of the rumours.

"Why would WalMart want to buy any high street retailer, especially a high street chemist that is losing market share?" he said.

"It's difficult to see why they would do it."

The Boots Company has joined online business-to-business group World Wide Retail Exchange (WWRE). The site now has 32 members with combined sales of £358 billion.

www.worldwidetoretailexchange.org

Lloydspharmacy embarks on its first TV ad campaign

Lloydspharmacy is to run its first TV advertising campaign later this year. The UK's largest pharmacy chain had previously run national newspaper advertisements but until now has not placed commercials on national television.

A film crew shooting the advert was spotted in the Northumberland market town of Bedlington by a passing reporter working for the *Newcastle Evening Chronicle*.

The three-day shoot on various locations in north-east England and Scotland will form the basis for five different advertisements, put together by London-based advertising agency Mustoe Merriman Herring Levy.

The longest advert (40 seconds) will focus on brand identity, using actors to pose as pharmacists. The four others, at 10 seconds each, will accompany promotions and special offers on ranges of vitamins, baby foods, and cold and flu remedies.

According to the *Newcastle Evening Chronicle*, the adverts, which are expected to finish post-production by the end of this week, will initially be shown on ITV and Meridian before appearing in the North.

A definite date for the advertisements has not been announced and neither Lloydspharmacy nor Mustoe Merriman Herring Levy were prepared to divulge any further information until a later date.

In a separate development, Lloydspharmacy announced that its superintendent pharmacist, Andrew Murdock, has registered with the Pharmaceutical Society of Northern Ireland (PSNI).

The company has not had a presence in the province so far, but recently acquired two community pharmacies in Northern Ireland.

Mr Murdock was not available to discuss the implications of the move and the company's plans for



Andrew Murdock

expansion in Northern Ireland.

However, Lloydspharmacy did issue a statement saying that the pharmacies in Ballymena and Coleraine were sold to the pharmacy chain by John Kerry, who runs another six pharmacies.

Pharmaceuticals and generics drive Novartis sales up by 15 per cent

Novartis, Switzerland's biggest pharmaceutical company, has announced sales increases of 12 per cent to SFr19 billion (£7.4 billion).

The company also saw its operating income reach SFr4.5 billion (£1.7 billion) constituting a 12 per cent rise.

Novartis said that pharmaceuticals and generics in particular had driven the sales growth, with the two categories together accounting for about half of total sales (SFr9.5 billion, £3.7 billion). Consumer Health reached sales of SFr5.1 billion (£1.2 billion).

Five products in the pharmaceuticals category recorded particularly strong sales increases, among them Diovan (54 per cent) and Lotrel (44 per cent) for the treatment of hyper-

tension as well as the company's asthma drug Foradil and the bone cancer treatment Aredia.

At the same time, however, the Swiss company saw sales of former star performers such as the antirheumatic Voltaren drop 10 per cent.

In terms of generics, the company singled out Azupharma's omeprazole as having made a major contribution.

Announcing the interim results, Novartis chairman and chief executive officer Daniel Vasella said the company anticipated "a somewhat softer third quarter and a more dynamic fourth quarter resulting in mid-single-digit sales growth in local currencies and solid operating income growth for the full year."



Pharmacists can now trade their excess stocks or buy supplies on the stock market™ internet site after the company announced a partnership deal with Healthnet.co.uk. Traders have to be registered pharmacists, a fact that will be checked with the RPSGB if in doubt. Once an order is received, stock market™ will send a dispatch advice to the seller and a confirmation email to the buyer. A standardised discount applies depending on the expiry date of the product. Payment is due within 30 days and the stock market™ takes a commission of about 10 per cent. The service is accessible via www.healthnet.co.uk as part of the site's online pharmacy.

Let your hair down with Lynx

Elida Faberge, manufacturer of the Lynx range of male toiletries, has announced plans to open a chain of male hair and grooming salons.

The first store, which will be marketed as an extension to the Lynx brand, is set to open in London's Oxford Street in October.

Having spotted a market niche between the traditional barber shop and unisex hairdressing salons, Elida Faberge says the new stores will offer more than just a haircut.

Customers at the Lynx stores can opt to enjoy special treats such as facials, shaves, a beard trim and even a manicure.

Asked whether the stores could potentially take away sales from community pharmacists, a spokeswoman for Elida Faberge said that the company believed that the amount of product the company expects to be sold through the new shops would be minimal compared with the volumes sold in retail outlets.

Electronic Transmission of Prescriptions Pilots - an invitation

ETP by 2004

On 30th June 2000, Health Secretary Alan Milburn announced that an extra £60m would be invested into information technology in the NHS, part of which would be allocated to electronic community prescribing pilot projects.

Together with the release of the *NHS Plan* (July 2000) and its commitment to electronic prescribing by 2004, there is now no doubt that the electronic transmission of prescriptions (ETP) is about to become a reality.

The PharMed solution

Established as a not for profit, Pharmacy-friendly ETP solution, PharMed has concentrated exclusively on developing secure links to enable ETP between General Practice and Pharmacy since June 1997.

During this time, every stage of our development process has reflected our commitment to raising the profile of Pharmacy with the NHS Executive and at Government level, and to supporting the professional development of both independent Pharmacists and those working in multiple chains.

Our ETP model is simple and unobtrusive and can work with any Pharmacy or GP system. It can also help Pharmacists take a more active role in primary care; the electronic links required can facilitate the secure exchange of relevant patient information with GPs, enable Pharmacists to offer prescribing advice and manage repeat dispensing services etc, and can offer the opportunity for more involvement at PCG level.

The PharMed system is also cost effective - a vital factor when nobody yet knows who will ultimately pay for ETP.

Working with the professions

Our open, inclusive policy is at the heart of our core values and the very principle on which PharMed was established, and we have always actively sought to maintain an ongoing dialogue with professional bodies, system suppliers and individual healthcare professionals.

Experience in the field

PharMed already has direct experience of the potential benefits offered by ETP, having successfully completed an eighteen-month

beta test with two independent Community Pharmacies and a four-partner GP Surgery. We therefore understand the major issues involved, from locating suitable trial sites to maintaining ongoing contact with and offering support to participants.

NHS Pilot - working together in the interest of Pharmacy

With a public commitment to ETP pilots from Ministers and the *Information for Health* deadline looming, PharMed is now planning a broad national pilot, in line with NHS guidelines.

The year ahead will be a crucial time for Pharmacy - the only references to the profession in NHS documentation are in relation to ETP, so we must all work together to ensure that ETP services genuinely serve the needs of all Pharmacists.

We therefore welcome the opportunity to discuss our pilot plans with colleagues from professional bodies and organisations working for Pharmacy.

ETP services will represent an essential part of any Pharmacy system supplier's product offering, and we invite all Pharmacy system suppliers to work with us by developing a PharMed interface for your systems and taking part in our proposed pilot, alongside AAH Link and a major GP system supplier, who are already working with us.

By doing so, system suppliers will be well placed to provide support for Pharmacy customers when ETP is implemented nationally.

We will also keep Health Authorities and PCGs fully up to date with our progress, and Pharmacists who want to know whether ETP pilots are being established locally should register with PharMed's information service by contacting us at the address below.

ETP - the time is here

Over the past three years, we have worked hard to refine our solution and develop strategic partnerships that will enable us all to move forward together when the time for ETP arrives.

That time is now here.

Empire Court, Albert Street, Redditch, Worcestershire, B97 4DA Telephone: 01527 592880 Fax: 01527 592881
Email: info@pharmed.org.uk
www.pharmed.org.uk

Roche has faith in product portfolio and pipeline

Roche claims it is well equipped for the future with its "broad-based product portfolio and solid pipeline" and Roche Diagnostics, which is said to be expanding its global market leadership.

The group announced consolidated sales of Sfr13.7 billion (£5.3 billion), representing a 11 per cent increase. Operating profits were also up by 11 per cent to Sfr2.3 billion (£890m).

The pharmaceuticals division accounted for 65 per cent of sales, totalling Sfr8.9 billion (£3.45 billion), an increase of 10 per cent. About 80 per cent of these sales were prescription medicines and 9 per cent OTC.

The company's much hyped obesity drug Xenical, launched in the USA a year ago, recorded sales of £195m.

The results came with news that Roche's chief financial officer, Henri Meier, is to retire at the end of the year. City analysts saw this as a major blow to Roche, as Mr Meier is widely credited with restoring the company's fortunes.

His successor will be Anton Affentranger, a Swiss-Argentinean who is chief executive officer at Geneva-based private banking group Lombard Odier.

OTC to remain key category for RB

Reckitt Benckiser's chief executive officer Bart Brecht has stressed the company will remain committed to its OTC business and that health & personal care will continue to be one of five key categories.

He added that RB was looking at extending its OTC range in categories such as antiseptics, analgesics, cold and flu remedies.

Mr Brecht's comments came as he announced RB's half-year results. The company announced net revenues of £1.55 billion, an increase in real terms of 3 per cent. Pretax profits rose by 13 per cent to £169m.

The Health and Personal Care category, which includes products such as Vee, Dettol and Lemsip, recorded a strong £197m net revenue.

Locumline number

An error on Locumline's website led to an incorrect telephone number being published in *C&D* (August 12). The correct number is 07790-649346.

Chemex is looking to ExCel

Chemex is set to leave Olympia on a high. With an unprecedented number of exhibitors, this year's exhibition also saw a 22 per cent increase in pre-registrations.

However, after five successful years at Olympia, Chemex 2001 will become an Eastender. Next year's exhibition will be one of the first to be held at the ExCel exhibition centre in London's

Docklands, which is due to open in November.

"This is an unparalleled opportunity," said Chemex's event manager, Simon Page. "ExCel is a state-of-the-art exhibition centre, the first purpose-built exhibition centre in London."

ExCel offers 90,000sq m of exhibition space, six on-site hotels and a wide range of restaurants.

But it is the facilities that Mr Page believes will be of invaluable benefit. ExCel is a modern multimedia centre, taking full advantage of the latest technologies.

Exhibitors will not only be able to make use of those technologies in their stall design, but also be able to catch up with their emails and the latest news online.

The event manager is quick to point out that the Chemex 2001 host will not pose the same problems in terms of height restrictions and pillars as Olympia, while providing improved lighting.

"Ease is the name of the game," said Simon Page. He strongly believes that ExCel's location and its surrounding infrastructure will prove a distinct advantage to exhibitors and visitors.

Its position right next to London's City airport and only a short walk away from links with inner London via the Docklands Light Railway and the Jubilee Line makes it an ideal location. Parking should also be a lot easier according to Mr Page.

Find out more in our Chemex 2000 preview on page 14.



A partnership born at the Olympia exhibition

Mawdsleys, the independent wholesaler, has acquired EPOS system supplier Positive Solutions for an undisclosed but "very appropriate" sum.

The two companies first met at the Chemex exhibition last year and have since realised the potential of a partnership.

"With Positive Solutions being the leading independent EPOS system supplier and Mawdsleys the biggest independent wholesaler, we realised that we had a common purpose and soon recognised the advantage of working together," explained Ian Brownlee,

managing director at Mawdsleys.

The two have been working closely for the past six months and are ready to launch a "revolutionary integrated labelling system" at the Chemex 2000 exhibition at Olympia on September 3.

Mr Brownlee said the new system will be the first truly integrated EPOS and labelling system.

One key advantage, in Mr Brownlee's view, is the speed at which the new system will allow labels to be printed.

"It is very quick but also very com-

prehensive in that it also deals with endorsing issues at the same time," he said.

IT was an increasingly important area for wholesalers to get involved in, in terms of being able to react quickly to developments, Mr Brownlee said.

"What this deal does is put Mawdsleys right next to IT in pharmacy, enabling us to respond quickly."

He added that the system would be run in a completely independent manner and would be available to all independent pharmacists, irrespective of their wholesaler.

Healthcare Data Ltd joins C&D at UNM

United News & Media (UNM) has bought the information services company Healthcare Data Ltd from its founders Maurice Foster, Sue Wrigley and Colin Evans for £6m.

The database of 250,000 UK healthcare professionals will come under the umbrella of UNM's publishing business, United Business Media (UBM), which includes leading trade journals such as *Chemist & Druggist* and *Pulse*.

"Healthcare Data is a relatively young company with exciting growth prospects," said Mark Ware, director of the renamed UBM Healthcare.

He added that UBM had been looking for opportunities to broaden the

company's range of products and services.

The database provides information to the pharmaceutical and medical industries and Mr Ware does not envisage pharmacists being key users of the system. However, he is quick to point out that pharmacists are included on the database.

"Having acquired a comprehensive database such as Healthcare Data will underpin a number of initiatives in the e-business that we are looking at," Mr Ware said.

He is convinced that the acquisition will benefit UBM's publishing business and accelerate the company's growth.

ADVANCE INFORMATION

September 3-4 - Chemex 2000 exhibition at Olympia, London. Further details from Simon Page on 01732 377256.

September 3-7 - Headache World 2000 Conference will be held at The Queen Elizabeth II Conference Centre, Westminster, London SW1P. For further information contact Claire Olivier, press secretariat at Headache World 200, tel: +44 (0) 20 7831 6262.

September 5 - training day in homeopathy, aromatherapy and herbal treatments at the Norwich Hilton Hotel. Run by Numark in association with Seven Seas, it is open to staff of all Numark shareholders. For more information call Numark on 01827-841200.

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NCC pharmacists in 'It's a Knockout'

A team of 12 from National Co-operative Chemists in the North West spent last Sunday getting soaked for a good cause.

The team, which included nine pharmacists and three pharmacy assistants, took part in an 'It's a Knockout' competition at Newton-Le-Willows High School to raise funds for the Royal Variety Club of Great Britain. Ruth Turner, manager of the NCC branch in Orford, Warrington, organised the team when she heard that the charity event was taking place.

Despite winning several of the heats the team didn't manage to win the overall competition. Ruth said: "We all had a brilliant time. Everybody really, really enjoyed themselves and it didn't matter about winning."

NCC donated the £550 entry fee and the team plans to match that amount with personal sponsorship. The local branch of the Royal Variety Club was hoping to raise money towards the purchase of five Sunshine coaches for local schools.



Back row, from left: pharmacists Gary Ratcliffe, Steve Bebbington, Adrian Price, Simon Burns, Lee Hardman and Adam Williams. Front row, from left: pharmacists Ruth Turner and Karen Mooney, assistants Andrea Nickson and Carol Gelling, pharmacist Sarah Clarkson and assistant Berenice Ratcliffe.

'Cold Feet' star walks through NI pharmacy



From left: Catherine Baird, Jimmy Nesbitt and Caroline Kennedy, Lancome rep for the Moira store.

since the advert went on air. She says: "I've never done anything like this before but it was good fun. There was a great atmosphere on the day in our Moira shop - all the staff wanted to see Jimmy Nesbitt."

Popular TV actor Jimmy Nesbitt has visited Baird's pharmacy in Moira, Co Antrim, as part of a BT advertising campaign. The flagship Baird's store appeared in the campaign because the 37-strong chain decided to switch back to using BT Northern Ireland's telephone services.

The chain's marketing director, Catherine Baird, said the pharmacy received good coverage in the advert as Jimmy 'passed through'. The advert was one in a series which featured the actor walking through various businesses in Northern Ireland, all of which had 'gone back' to BT. The campaign was screened over three months earlier in the summer.

Catherine says she has been teased endlessly by her friends and family

APPOINTMENTS

David Stephens (right) has been appointed managing director of Crookes Healthcare, succeeding William Cotton who leaves after a two-year stint to become managing director of Boots Retail International.



Mr Stephens has been with Boots for 18 years and until recently was area director for the Boots Healthcare business in Australia and New Zealand. He has wide experience of the pharmaceutical and OTC industry in Australasia and was president of the ASML, the Australian equivalent of the PAGB, from 1994-97.

Crookes Healthcare is the UK subsidiary of Boots Healthcare International. **Norton Healthcare** has appointed David Blanksby as managing director. Mr Blanksby, who takes over from Jon Close, joins Norton from Glaxo Wellcome, where he was commercial director (retail).

It's all in the name

Getting your PR message targeted at the right people is all-important, but getting the message right for your target audience is also essential, as Merck rep Tom Ruddy has discovered. We will resist giving you his phone number, although Sheffield LPC secretary Martin Bennett was not so sympathetic in a pithy little item in the Sheffield LPC August *Bulletin*.

Mr Bennett, like any editor worth his or her salt, "considers the editorial freedom of his esteemed organ to be sacrosanct". So it was with "some amusement" that he considered a request to include a manufacturer's leaflet with the latest mailing of the *Bulletin* - "even the hint of a suggestion that the offer of free stamps for the mail-out influenced my decision to include it will be vigorously denied" (LPCs aren't that hard up, are they?).

Mr Ruddy was seeking to highlight the differing indications for Monacor (bisoprolol) and Cardicor (bisoprolol). These are, as any clued-up pharmacist knows, that Monacor is licensed for hypertension/angina only, whereas Cardicor is licensed for a new indication of heart failure. Mr Bennett kindly included a postcard from Mr Ruddy outlining a titration regime for Cardicor: "All six strengths are available therefore there is no need to break up 5mg Monacor for lower doses of bisoprolol".

It seems Mr Bennett was unamused by this helpful advice. He takes up the tale: "Unfortunately I was busy when Tom called so I will leave you to pass on our thanks for the additional six formulations, two of which appear to be identical to Monacor, and to ask why it needed to be given a different brand name. I look forward to investing over £70 so as to have one pack of each available for patients, rather than having a quarter scored Monacor 5mg tablet which would have fulfilled all the dosage requirements for £8.65. Interestingly the 1.25mg, 2.5mg, 3.75mg and 5mg are conveniently priced at the same price - £8.56 for 28. This means I have to dispense 73 prescriptions (at 97.5p each fee) to receive sufficient payment just to cover the money I have invested in bisoprolol stock!"

We are thinking of writing to Mr Bennett to ask if he would consider standing in when Xrayser is on holiday.

Give or take a few years, Grecian 2000 claims the first use of its secret formulation happened some 2,000 years ago. While some might view this with a touch of scepticism, it provided just the excuse for manufacturer Combe International to celebrate the event with the brand's first UK pharmacy trade competition. The winner, Phil Henderson (right) of Golightly Chemists in Whitley Bay, is seen receiving a cheque (for £2,000, of course) from Combe's Lloyd Marshall. The promotion is unlikely to run again in 2001, but "who knows how we'll celebrate the third millennium," said a spokesman.



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PREVIEW

the future of pharmacy
chemex 2000
3/4 september / olympia 2 / london

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Chemex 2000 – the future of pharmacy

As we move forward into the 21st century, Chemex brings together all the essential elements of pharmacy in the biggest and best exhibition dedicated to the industry.

More than 200 exhibiting companies from all sectors of pharmacy are waiting to talk to you about the products and services you need. Services to improve your business efficiency and competitiveness, new products to fill the shelves and new opportunities to build worthwhile and rewarding partnerships are brought together at Olympia 2.

A must on every visitor's schedule is the popular OTC Village, returning for a third year, and also CBS Genios, which is back with a bigger and better Toiletries Village.

Major issues affecting pharmacy are aired in a series of thought-provoking and interactive sessions in the Seminar Theatre, while leading healthcare companies take centre stage in the OTC Village Theatre to highlight specific product and therapy sectors.

Before the first visitor has walked into the show we are already planning next year's event. As you will see on page 14, Chemex 2001 is on the move to the newest and most innovative exhibition site in the UK and we hope to see you there.

In the meantime, we look forward to meeting you for one last, record-breaking show at Olympia on September 3 and 4.

Fergus Wilson
Exhibition Director



Make the most of Chemex 2000

This year's show is being opened by National Pharmaceutical Association director John D'Arcy, who has this message for visitors.

"In many respects community pharmacy can be a lonely, sometimes isolated, profession with few opportunities to see the bigger picture. However, Chemex gives NPA members an ideal opportunity to see and hear about things that are happening in pharmacy, network with other like-minded people and exchange ideas.

"The NPA is pivotal in this exhibition. It provides us with the platform to meet our members and discuss professional and business issues, plus it gives our members the chance to meet our staff and board members and see any new NPA products and services – with the added opportunity of buying at special exhibition prices.

"This year our NPA internet cafe will be an additional attraction for NPA members. There will be live

demonstrations of NPAnet, so you can get hands-on experience of our exciting, secure new internet service.

"NPAnet is free to members and the following is just some of the services that it delivers:

- A news-based home page
- On-line ordering for products and services
- Downloadable NPA forms and leaflets
- Hot Topics

"On Sunday, September 3, my colleagues and I are running an NPA Question Time debate in the Seminar Theatre – 12 noon. This is your chance to have your say – anyone who would like to give advance notice of a question should send it to the NPA's PR department: fax – 01727 810252 or e-mail on press.office@npa.co.uk

"So for a good day out, visit Chemex and join us on our stand on the ground floor (on the right hand side, at the back), meet the staff from Mallinson House and enjoy some lively debate."

John D'Arcy
NPA director

CHEMIST & DRUGGIST

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the future of pharmacy

chemex 2000

3/4 september / olympia 2 / london



The internet, e-mail and e-commerce play an increasing part in the everyday business of pharmacy in the year 2000 and visitors to Chemex have the chance to see the Electronic Revolution in action

The Electronic Revolution

We're all used to electronics in the pharmacy. We go on line to communicate with wholesalers or head office, we have a range of electronic diagnostic and monitoring devices for sale on our shelves and EPoS systems are vital to most businesses. Some pharmacists are even starting to offer on-line dispensing.

One of the most recent developments in the e-revolution gives pharmacists the chance to compare prices and deals from different wholesalers and suppliers across a range of goods at the touch of a button.

Price comparisons may be made for individual items or for a 'shopping basket' of goods. Then orders can be built up over several days before being sent to the supplier offering the best price.

Saving graces

Saving is the name of the game with these on-line deals. Time is money, say the site operators, who have been quick to catch on to the fact that time is just what the hard-pressed pharmacist does not have.

Buying on line, they say, saves time in several ways:

- there's no need to spend hours poring over numerous price lists, comparing, contrasting and computing to find the best deal
- there's no need to spend time trying to source special items. Your needs can be sourced - and prices calculated - for you at the touch of a button
- there's no need to spend time writing out a list, then amending and correcting it before sending it to the wholesaler or supplier
- there's no need to spend time compiling a master list then splitting it among the suppliers offering you the best deal
- there's no need to be caught out by rapidly changing markets. E-prices are updated frequently, usually at least once a day, so you always know just what you will be paying

Chemex 2000 offers an excellent platform for e-companies to show you how you could gain from using the internet and this topic is tackled in two sessions in the Seminar Theatre (see page 6 for details).

Looking for bargains?

One of the latest e-newcomers is PharmacyBargains plc, which is launching its web site at Chemex 2000. The site gives pharmacists the chance to search the whole of the UK for the best prices on generics and parallel imports.

The pharmacist simply enters the name of the drug or drugs that are on his or her 'shopping list' and PharmacyBargains.com will scan its database and come up with the best deals available.

PharmacyBargains managing director, Leslie Morgan, said some of the top UK generics companies and leading PI suppliers have already signed up to the site.

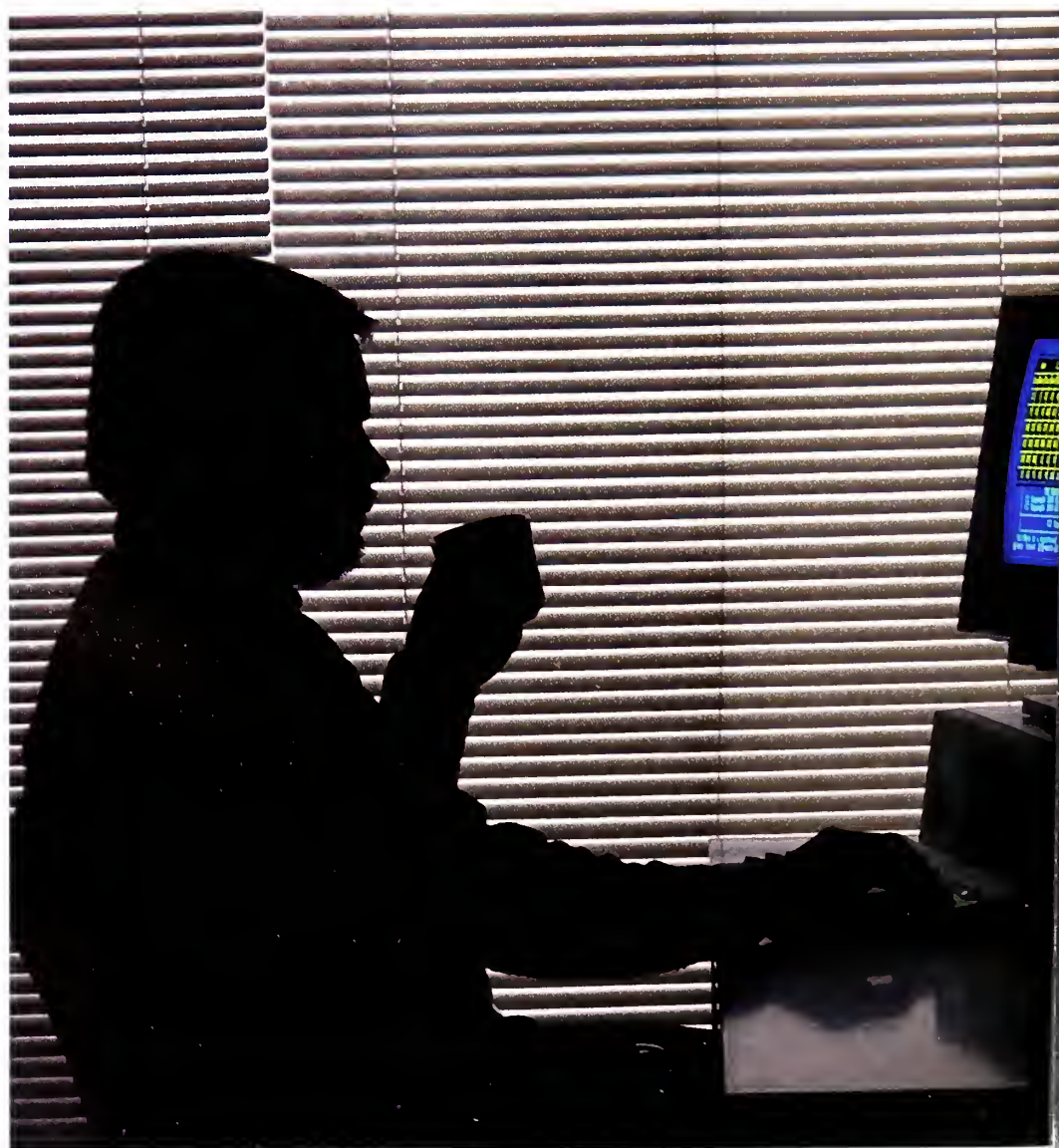
Pharmacists who register with the company before the end of September this year are being offered up to £100 cashback and they also

have a chance to win an internet-ready PC (Stand H3).

Ordering wisely

OrderWise (Stand M8) sums up its service in the phrase "Quicker, smarter, simpler". It is launching its UK product and going live at Chemex.

The easy-to-use system allows the user to buy - at the best price - from any wholesaler with whom they have an account, giving them all the information they need to make the best buying decisions.



The program gives users the information they need to decide how the discount they will obtain by buying from a number of different suppliers compares with the cumulative savings which would accrue, if they bought everything from one and paid a slightly higher list price per item.

Orders may be transmitted by modem or via the internet immediately or saved for later transmission. They can be sent to one supplier or split between several to secure the best prices, deals and bonuses.

The company has been trading successfully in South Africa for almost seven years. According to managing director Martin Meyers, 15 UK wholesalers, but none of the big three full-line operators, have so far agreed to run their prices on the OrderWise system.

First from Unipharma

Up to 3,000 generics, parallel imports and dressings from six short-line suppliers are available from Glasgow-based Unipharma (Stand R1), which went live in March this year.

The system was launched as the

UK's first business-to-business web site for pharmacy. It allows the buyer to choose from selected suppliers or shop around for the best price on one particular line. Users are able to compile their shopping list off line for later transmission.

Commercial director Eric Hunter said that while the service was aimed mainly at independents, it would also be of benefit to buying groups.

A new service, called uniShopper, is a piece of software that allows the pharmacist to compile a shopping list to be downloaded to Unipharma whenever the order is needed.

Navigating the net

HealthXchange (Stand I6), which launches later this year, is a business-to-business site devoted to the buying and selling of pharmaceuticals, medical devices and equipment and related medical services.

What's in store?

Nick Orton, managing director of the health site, Healthnet (Stand D2), believes that the electronic revolution has only just begun and that it still has a long way to go.

"A lot of pharmacists still are not on the net because their practice machinery is outdated," he says.

He also feels the cost and variable quality of connection holds some people back. "As internet connection gets better and cheaper things will start to change."

Security is another issue which worries some, but Nick Orton believes the problems have been overhyped and points out that services such as NPAnet, which operates as an intranet, offers greater security.

He says that on-line buying, especially with sophisticated price comparisons, will help independent retailers to compete more effectively with the multiples as they are able to source the best deals and prices more efficiently.

HealthNet is a free healthcare internet site with ten on-line services, including one for pharmacy.

As well as providing news from the industry, HealthNet's RepFinder section helps put pharmacists in touch with reps and suppliers.

The site also offers free webspace and e-mail for users, a jobs and locums section and 'The stock market', where pharmacists can sell off short-dated stock.

Directory on line

The *Chemist & Druggist Directory* goes on line in September on the *dotpharmacy* web site.

Some of United Business Media's site development team will be on the C&D stand (M1) to talk to visitors about the latest innovations on the site and how it helps them access all that's new in pharmacy.

More electronic innovations

Loyalty pays for Fidelity

First-time exhibitor Fidelity CRM is coming to Chemex as its loyalty card and EPoS systems provoke more and more interest in pharmacy.

The company is launching an information kiosk at the show. The company's sales and marketing director, Ray Walker, says: "The kiosk can be stand-alone or linked to a loyalty system."

He says the company's loyalty systems, which have been embraced by hotel chains and restaurants, are now moving into retail pharmacies, where independents in particular are interested in the proposition.

The card allows retailers to award points to regular customers and helps identify which products are particularly popular, giving scope for further promotions.

Fidelity will also have a brand new user-friendly EPoS system on show. The system links with the Sage accounting system.

Stand E3

New from Positive Solutions

The first integrated and linked EPoS/PMR system for pharmacy is one of the new products on show from Positive Solutions.

Sales and marketing director Lin



Davies says: "This launch brings the technological excellence of our retail EPoS system into the dispensary, creating the first linked and integrated total pharmacy solution."

"Pharmacists can now have the following options - EPoS, PMR or a fully integrated EPoS/PMR system."

Visitors to the stand can also see a preview of the company's new Windows Head Office Software.

Stand NPA3

A&D offers

Electronic blood pressure monitors from A&D Medical feature the latest clinically approved models. The company has special offers for the duration of the show.

Stand K16

Weighing up the options

Two specialists in electronic weighing machines and blood pressure monitors - Health Check Services and Coin-Ops Ltd - are joining forces on Stand K2.

Kent-based Health Check serves customers in the south of the UK and Coin-Ops serves the north from its Manchester base.

Machines may be bought outright or supplied and operated by Coin-Ops and Health Check, with the pharmacist retaining a percentage of takings.

The company's blood pressure monitor allows the patient to sit while the reading is taken and, as the arm is held in a sling across the body, the customer is able to relax fully and so a more realistic reading is obtained.

Stand K2

It's surfers' paradise in the cybercafés

You've haggled and chatted, done deals, talked till you're hoarse and walked the equivalent of a marathon.

It's time for a break. But don't just flop in a corner with a cup of tea and a copy of the catalogue spread over your face. Hobble a little further to one of the **TWO** internet cafés set up for visitors to Chemex 2000.

Go to the NPA Internet café sponsored by IMS Health and there you'll find half a dozen PCs all set up and raring to go.

Ian Taylor, sales director of IMS Health, says: "The PCs will be set up to have access to NPAnet and, of course, they will also have internet access."

He says it is important for pharmacies investing in IT to know what they should go for and what to steer clear of. The NPA is in a good position to offer advice.

The PCs in the internet café will give live demonstrations of NPAnet, so you can see just what it has to offer.

Another cybercafé is being run by HealthXchange on Stand K6.

Six internet terminals will be running demonstrations of HealthXchange's prelaunch site and e-procurement service, showing how the company will address the buying and selling process.

The company is keen to show pharmacists the benefits which e-commerce can offer and representatives will be on the stand to advise visitors on making the most of the internet and its opportunities. They will also guide users to useful pharmaceutical-related sites.

The Seminar Theatre is the venue for some of the industry's leaders to prompt discussion on the topics that most concern pharmacy today.

Places at the seminars are free and each 30-minute session has been designed to allow time for questions and discussion of the issues raised.

The programme begins on Sunday with the Pharmaceutical Services Negotiating Committee giving some advice on current financial issues and is followed by the Proprietary Association of Great Britain with a session dedicated to managing consumer demand in the pharmacy.

The National Pharmaceutical Association is allowing members to dictate the content of its seminar, which will be led by the NPA's director, John D'Arcy. Notice of questions may be sent in advance to Jan Hamilton at the Association.

The NHS 'Fraudbuster' initiative is highlighted in the Department of Health seminar.



Sue Sharpe: still fighting!

Hot topics and the issues of the day

The seminar will be led by Steve Phillips, Assistant Director, NHS Directorate of Counter Fraud Services, and his colleague Peter Marshall. Mr Phillips said his talk "covers the way that we are addressing the problems of fraud and corruption within the NHS and then focuses on this work within pharmaceutical services".

Roger Odd, head of professional and scientific support at the Royal Pharmaceutical Society of Great Britain, will be chairing a session on clinical governance and audit. The speaker will be David Pruce, the Society's audit development Fellow.

This is followed by the latest news in the continuing battle to retain RPM. The Community Pharmacy Action Group counts down to the forthcoming hearing with a seminar entitled 'One month to go and fighting'.

The session will be chaired by CPAG secretary, Sue Sharpe, who welcomes the opportunity to thank publicly the community pharmacists who have worked so hard to keep the campaign in the news.

She will also be explaining the issues surrounding RPM, alert people

to the publicity that may be generated when the decision is announced and explore how professional issues may be influenced by the outcome.

Angela Alexander, vice chairman of the College of Pharmacy Practice, is leading the College's seminar. She said: "I will be looking at how the College of Pharmacy Practice will help people prepare for the NHS Plan and some of the developments which are currently under way."

Everyone wants publicity for their business, their product or their service and on Monday, *Chemist & Druggist* is offering advice on how to make PR work for you.

The seminar - 'PR for your business - what the trade press wants' - is led by health writer and PR consultant Lesley Keen, who has wide experience as a writer and editor for trade publications and as a PR consultant.

She said: "It's not always easy to get it right, but I hope this seminar will help PR agencies, in-house press officers and marketing staff to maximise their chance of achieving valuable publicity by targeting their press releases effectively."



Roger Odd: in the chair

"I will also be passing on some moans and groans from colleagues in a short aside on what the trade press doesn't want!"

Ecommerce is in the news every day. Healthnet is giving visitors a chance to get clued up about the Internet with a session which marketing director Nick Orton has entitled 'Hits, Clicks and Impressions'.

"Most companies are being bombarded with information at the moment and I thought it would be useful to tell them what the different terms mean," he said.

Next on stage is PMC Bodywatch with a seminar on risk assessment testing in pharmacy. The company's managing director, Michael Smith, said the session will look at the tests currently available, the trends and advances which are taking place and professional training.

"We will talk about what to do and what not to do, and give some advice on what to look for in professional and home testing kits," he said.

Nestlé UK takes a closer look at 'the role of probiotics in preventative medicine'. The session includes an overview and talks from two speakers.

Also on Monday, there's another chance to catch the DoH NHS Fraudbuster seminar and a presentation from ear piercing specialist Poly (UK).

The company's managing director, Martin Roberts, and a representative from the Swedish company Blomdahl will be outlining their programme of one-day training courses on medical ear piercing. The courses are aimed at pharmacists and their assistants, both those who are new to ear piercing and those who wish to improve their skill.

Last on stage is Unipharma, with a session on the benefits for pharmacists of buying and sourcing products online.

SEMINAR THEATRE

SUNDAY SEPTEMBER 3

11.15-11.45	Pharmaceutical Services Negotiating Committee <i>Getting your money's worth</i>
12.00-12.30	National Pharmaceutical Association <i>John D'Arcy chairs a session of questions and discussion led by members</i>
12.45-13.15	Proprietary Association of Great Britain <i>Managing consumer demand in the pharmacy</i>
13.30-14.00	The Department of Health <i>NHS Fraudbuster</i>
14.15-14.45	The Royal Pharmaceutical Society of Great Britain <i>Clinical governance and audit</i>
15.00-15.30	Community Pharmacy Action Group <i>One month to go and fighting</i>
15.45-16.15	College of Pharmacy Practice

MONDAY SEPTEMBER 4

10.30-11.00	Chemist & Druggist <i>PR for your business - what the trade press really wants</i>
11.15-11.45	Healthnet.co.uk <i>Hits, Clicks and Impressions</i>
12.00-12.30	PMC Bodywatch <i>Risk assessment testing in pharmacy</i>
12.45-13.15	Nestlé UK Ltd <i>The role of probiotics in preventative medicine</i>
13.30-14.00	The Department of Health <i>NHS Fraudbuster</i>
14.15-14.45	Poly (UK) Ltd <i>Ear piercing</i>
15.00-15.30	Unipharma.net <i>The benefits of online procurement</i>

Mashco Plc

National Distributors of Photo & Electrical Products

- ▶ **Braun**
- ▶ **Philips**
- ▶ **Remington**
- ▶ **Pifco**
- ▶ **Carmen**
- ▶ **Mountain Breeze**
- ▶ **Vidal Sassoon**
- ▶ **Scholl**
- ▶ **Interplak**
- ▶ **Babyliss**
- ▶ **Revlon**
- ▶ **Panasonic**
- ▶ **Wahl**
- ▶ **Teledyne Waterpik**
- ▶ **Glucotrend**
- ▶ **One Touch**
- ▶ **Slendertone**
- ▶ **Omron**
- ▶ **Epilady**
- ▶ **Cosy Comfort**
- ▶ **Kaz/Vicks**
- ▶ **Rowenta**
- ▶ **Traveller**
- ▶ **Go Travel Emporium**
- ▶ **Winterwarm**
- ▶ **Duracell**
- ▶ **Kodak**
- ▶ **Fuji**
- ▶ **Polaroid**
- ▶ **Ilford**
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- ▶ **Gillette**
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STAND C1**



tel: 020 8204 2224 Fax: 020 8204 0224

Energy Complex, 4 Dalston Gardens, Stanmore, Middlesex HA7 1BU

Email: enquiries@mashcoplc.com

Nutricia chooses Chemex to launch new VMS range

Nutricia returns to Chemex after an absence of three years, to launch its ground-breaking vitamins, mineral and supplements range.

Nutricia has recently made a number of international business acquisitions, which it says has catapulted the company to the No 1 VMS business in the world.

The Nutricia VMS stable now holds quality brands including Efamol, FSC, the US-based retailer GNC, US market leader Rexall Sundown, and its own Nutricia brand.

For Chemex, Nutricia will be focussing on three areas: FSC, the launch of the 'Nutricia' brand of VMS products, and the launch of Pokemon vitamins for children.

FSC

FSC has brought leading nutrition experts together to create the centre of excellence for health information - Healthnotes Online.

Visitors to the stand will have the opportunity to use Healthnotes Online, an interactive internet database, with the latest information on ailment treatments, herbal and homeopathic remedies.

Nutricia VMS launch

Nutricia plans to launch more than ten brand new VMS products this autumn. Branded 'Nutricia', products include a highly effective Bone Formula and an Anemia treatment. More will follow in January next year.

Pokémon

Nutricia launches three multivitamins - 'Pokemon' 'With Extra C', 'Pokemon' 'With Iron' and 'Pokemon' 'Complete'. The launch is timed to coincide with this autumn's surge of media activity including a film, video release and new series of trading cards.

Sugar-free, they come in four fruit flavours designed to appeal to kids. Nutricia calls them: 'Vitamins your kids will ask for!'

Stand M11

Chance to mix in Society circles

There's a chance to talk over problems and current issues on the Royal Pharmaceutical Society of Great Britain stand.

Members of the Council and members of the Society staff will be on hand to answer questions and talk to Society members about the topics of the day.

There is also an opportunity to find out more about the work of the Society.

Stand G7

Six of the best from Canada

Herbal Select

Experience the **POWER**



Skincare, supplements and natural remedies from six Canadian companies are being unveiled on the Canadian High Commission stand.

Many of the products are already well-established in North America.

Skincare specialist DermalTherapy is promoting its new patent-pending, penetration-enhanced, topical vitamin moisturisers.

The products contain elements similar to the moisturisers and antioxidants found naturally in healthy skin and are designed to heal dry skin caused by ageing, medical problems and the environment.

Herbal Select is one of Canada's leading brands of dietary omega-3 and omega-6 fatty acid supplements. The company specialises in certified organic flax oil and pesticide-free borage oil supplements which are grown in Canada and processed without hexane.

Peru is the source of raw materials for the botanical remedies from Curanderos - the name is taken from the Spanish word for healer. All the products undergo extensive research, development and clinical trials.

The Herbal Health Company offers Essential Solutions herbal and vitamin products in a pre-measured liquid ampoule format. The products are currently sold in all key pharmacy chains in North America.

Jamieson Laboratories sells its products in 30 countries and uses only pure Canadian natural formulations in its pharmaceutically pure natural vitamins, minerals, herbs, botanical medicines, skincare and

nutritional supplements.

Pharmavigor manufactures and exports products including Echinacea, ginkgo, ginseng, St John's Wort and glucosamine. The products are also available in bulk for private label sales. The company specialises in liquid formulas in unit-dose vials. All the herbs are standardised to the active compounds known for their efficacy.

Stand N18

Coming up to Chemex from Down Under

UK buyers will have their first chance to see products from seven Australian companies at Chemex.

Mike McCarthy, managing director of Quatre Geais Australian Marketing, which is bringing the products to the show, said: 'We are coming to Chemex specifically to introduce these companies to the UK and we will have around 150 products on the stand.'

The companies involved are:

● Feons Perfumes, which imports perfumes and perfume bases from Saigon - then tests, blends and packages the products in Australia.

● Uneek Sun Products offers a range of Sunseek sunscreens along with lip balms, hats and T-shirts.

● Ozzie Juices are organic fruit juices which will initially be available in apple, orange and grapefruit.

● Aromababy features pure, natural skincare for mothers and babies. The botanically-based products are free from added colours, artificial perfumes, petrochemicals, parabens and animal ingredients.

● Back to Nature's skincare range for the family incorporates Centipeda Cunningham, a plant used traditionally by the Aborigines for its

antibacterial, antifungal and cell renewal properties. The products have been endorsed by the Australian Federation of Islamic Councils.

● Hair and skincare and household cleaning products are on offer from Nature's Organics. The haircare range includes shampoos, conditioners and styling products, the skincare range has moisturising lotion, body lotion, hand and nail cream, and an elastin cream.

● Santalia uses Australian sandalwood in a 30-strong range which covers haircare, skincare, personal care, body sprays and perfumes.

Stand G2

Bio-Life cares for people - and their pets

Bio-Life International is showcasing a new series of products designed for people and their pets.

The four new ranges are Petal Cleanse, Petal Gold, Petal Beauty and Africa Botanica.

Petal Cleanse is a lotion for pets. It removes from their coats the allergens which cause reactions in humans such as conjunctivitis, perennial rhinitis, asthma and eczema. The company claims that multiple allergy sufferers will halve their need for medication after three weeks of using the product.

Petal Gold and Petal Beauty are collections of vitamins and toiletries

for pets who want to look and feel good.

Africa Botanica is a dermatologically-tested range of skin and haircare products for people suffering from dermatitis, psoriasis, eczema and acne.

The company, which is sponsoring the cecre at this year's show, will also be unveiling details of its new customer helpline.

Stand I.2



The village which keeps on growing

The OTC Village is now established as a major 'must see' at Chemex, underlining the vital role that OTC products play in pharmacy.

The Village is back for another year, even bigger than ever. The area devoted to manufacturers of OTC products has its own special identity with archways, canopies and fascia boards which will distinguish it from the rest of the show.

It also has its own seminar theatre, where OTC manufacturers are presenting a programme of educational and topical seminars each day.

Ceuta is showcasing some of the biggest names in OTC healthcare on its three stands - one each for its divisions, Ceuta Healthcare, Pharma Consumer Care and Laser Healthcare.

On the Pharma stand Glaxo Wellcome is promoting Zovirax, Zantac 75 and Becnasase Allergy, while on the Ceuta stand, Wisdom Toothbrushes will be highlighting recent major launches.

The Mentholatum Co will be on the Laser stand with its topical analgesic portfolio - Deep Freeze, Deep Heat, Deep Relief and Mentholatum Ibuprofen Gel and the eyecare product, Zi.

Bayer Consumer Care is also on the Laser stand with Canesten, Alka-Seltzer and Soothelip.

SCA Hygiene and Abbott Laboratories are among the other companies represented by Ceuta.

Roche Diagnostics and Roche Consumer Health are sharing a stand the OTC Village.

The diagnostics company is featuring its Glucotrend 2 SoftTest System, a blood glucose meter and finger pricker which, says the company, deliver virtually pain-free testing.

Roche Consumer Health is showcasing a supplement new to the UK at Chemex 2000.

Paul Ardron, the company's trade category manager, VMS, said: "Our stand will be featuring our vitamins brands - primarily Sanatogen and Redoxon, which are being relaunched in September, and Supradyn Recharge - a brand new product to the UK, which will also be launched at the same time."

The Genus Pharmaceuticals stand will focus on the educational needs of pharmacists. A short questionnaire is designed to discover their needs and completed questionnaires will be entered in a draw to win one of three subscriptions to *Chemist & Druggist*.

Genus representatives will be on hand to talk to visitors about the educational requirements to see them into the new era in the NHS.

Also in the OTC Village is Trinity Sales & Marketing. Among the companies represented on its stand will be Planitia Products with its Snappy Shave brush device which fits

on to a shaving foam or gel can to apply the product directly to the skin. Also with Trinity are Fenton Pharmaceuticals with Lotil, Frador and Delph and Noddy suncreams;

Nestle - Rowntree; Allergan with its eyecare range; Danby UK with Pennywise products, Estroven, Health Perceptions food supplement and Fuji film.

Learning and lively debate in the OTC Theatre

There's a chance to learn more about a number of important disease areas as well as collecting valuable advice on maximising your business in the programme of seminars in the OTC Theatre.

As in the seminar theatre, places are free and most sessions will allow time for questions and discussion.

The Sunday programme starts with Roche Diagnostics, which examines the role of the community pharmacist in diabetes care. The seminar looks ahead to next year when the National Health Service Framework on Diabetes will have implications for community pharmacists.

The company said pharmacists should be prepared to take advantage of the opportunities this presents and promises: "By making links with primary care, introducing an on-shelf diabetes category and consolidating their knowledge of diabetes, pharmacists can be a valuable resource for their customers with diabetes."

Next on stage is Roche Consumer Health with a focus on the VMS category. The company's VMS

category manager, Paul Ardron, and colleague Ian Crew, will lead a seminar entitled "The role of the pharmacist in recharging the vitamins category".

Paul Ardron said: "The vitamins market still offers significant business potential for pharmacy."

"Roche Consumer Health will illustrate how pharmacies can exploit, and have exploited, these opportunities with good retail and category management principles."

The Pharmacist Challenge Awards Final take place over lunchtime, as six finalists compete to be crowned Pharmacy Mastermind.

Recent trends and developments in the vaginal thrush market are discussed by Bayer Consumer Care in a seminar jointly staged with Ceuta Healthcare. Bayer's training manager Kamaljeet Bachu's talk is entitled 'Vaginal thrush - the way forward'.

Whitehall Laboratories, manufacturer of the supplement Caltrate, gets to the bones of the problem with a talk on supplementation to improve bone health.

Reckitt Benckiser is concentrating

on 'Merchandising and Consumer Insights'.

The company will be talking about the results of its research into customer's shopping habits.

Genus Pharmaceuticals is last on stage on Sunday with a look at pharmacy in the 21st century with Professor Ian Jones of Portsmouth University whose talk is entitled NHS remuneration - it can't keep going on like this!

Roche Diagnostics, Roche Consumer Health, Reckitt Benckiser, Genus Pharmaceuticals, Ceuta Healthcare/Bayer Consumer Care and Whitehall Laboratories are repeating their seminars on Monday for those who could not find a seat on Sunday.

In addition, Trinity Sales & Marketing and Fenton Pharmaceuticals, the name behind the Delph and Noddy in Toyland suncreams, are getting together to talk about sunscreens. Fenton's managing director, Graham Hill, says: "I will be talking about the suncreams market and products, looking at testing of suncreams products and their classification as cosmetics."

OTC VILLAGE THEATRE PROGRAMME

SUNDAY SEPTEMBER 3

10.15-10.45	Roche Diagnostics <i>The role of the community pharmacist in diabetes care</i>
11.00-11.30	Roche Consumer Health <i>Recharging the VMS category</i>
12.15-13.30	<i>Pharmacist Challenge Awards Final sponsored by Chemist & Druggist and Genus Pharmaceuticals - by invitation only</i>
14.00-14.30	Ceuta Healthcare/Bayer Consumer Care <i>Vaginal thrush - the way forward</i>
14.45-15.15	Whitehall Laboratories <i>Bone health</i>
15.30-16.00	Trinity Sales & Marketing/Fenton Pharmaceuticals <i>The suncreams market - suncreams products and their classification as cosmetics</i>
16.15-16.45	Reckitt Benckiser <i>Merchandising and consumer insights</i>
17.00-17.30	Genus Pharmaceuticals <i>NHS remuneration - it can't keep going on like this!</i>

MONDAY SEPTEMBER 4

10.15-10.45	Roche Diagnostics <i>The role of the community pharmacist in diabetes care</i>
11.00-11.30	Roche Consumer Health <i>Recharging the VMS category</i>
12.30-13.00	Reckitt Benckiser <i>Merchandising and consumer insights</i>
13.15-13.45	Genus Pharmaceuticals <i>NHS remuneration - it can't keep going on like this!</i>
14.00-14.30	Ceuta Healthcare/Bayer Consumer Care <i>Vaginal thrush - the way forward</i>
14.45-15.15	Whitehall Laboratories <i>Bone health</i>
15.30-16.00	Trinity Sales & Marketing/Fenton Pharmaceuticals <i>The suncreams market - suncreams products and their classification as cosmetics</i>

It's eight in a row for the Miles Group

The Miles Group is celebrating its eighth consecutive year at Chemex and managing director Geoff Dickinson promises a host of new products on the stand.

Among the new lines will be the pharmacy-exclusive Unicare contact lens solutions. The products offer one-step cleaning, disinfecting and storing for hard and soft lenses.

Intec Laboratories is a new partner on the stand this year, showing its De Valle aromatherapy range.

Other Miles Group partners are Anglian Pharma, with Jackson's cough medicines; Weider Nutrition featuring Fat Metaboliser slimming products; Galpharm International with Galpharm Oral Suspension for children and Kraft Foods, featuring Smith Kendon and Altdoids.

Stand D7

The Toiletries Village – a work of Genios!

CBS Genios returns with a bigger and better Toiletries Village at Chemex.

The stand will be almost 50 per cent larger than last year – when the company took orders worth more than £1million in just two days.

More than 20 of the UK's biggest and most successful manufacturers will be there – promising plenty of important promotions.

SmithKline Beecham is again taking part on the CBS stand, showcasing the latest development across all its brands. There will be a chance to check out winter remedies, and visitors will be able to take advantage of category management advice.

L'Oréal is back for a second year and national account manager Gary Weller

said: "We will be offering a cross section of high class promotions for high class products, as well as range extensions and new products."

Another first-timer last year was Bristol Myers and the company found the show so successful that it is back again, with a special promotion for one of its shampoos.

Crookes Healthcare also has plenty to interest visitors. The company is promoting a new winter product and its new internet site, as well as looking at effective category management for independent pharmacies.

At Elida Faberge, account manager Ian Spooner said the company will be promoting its special Christmas packs and offering extra stock bonuses.

CBS Genios sales manager Fiona Gibbons said: "It is because of the success of last year that so many of our suppliers have committed themselves to the show this time and are promising bigger and better promotions."

Among the other companies in the Toiletries Village this year are:

GalPharm International, Schwarzkopf, Jenks Sales Brokerage, SmithKline Beecham Consumer Healthcare, Elida Faberge, Gillette UK, Garnier (Golden), Combe International, Dendron, Kimberley Clark, Procter & Gamble UK, Smith & Nephew Consumer, Wella GB, Chattem (UK), Reckitt Benckiser, Johnson & Johnson, Kodak, Capital Health and Ardale International.

AT THE EXHIBITION ...

A & A Products

A & D Medical Ltd K16
AI Pharmaceuticals plc D1
AAI Foster Grant Ltd A2
Allied Dunbar P5
Anglian Pharma plc D7
ARC Pharmacare Ltd T3
Ardale International Ltd F1
Aromababy G2
Australian Bodycare Ltd G3
Avicenna M10

B & S Healthcare

Babyllis C1
Back to Nature G2
Bayer Consumer Care V8
Best Foods A11
BeWell Ltd P7
Bio-life L2
Blackwell Supplies Ltd M16
Blomdahl V5
Boehringer Ingelheim V8
Braun C1
Breathe Rite V8
Bristol Myers F1
Button Cell Batteries C1

CBS Genios

Campdale/CAMRx/ K12
Image Xpress
Canadian High Commission N18
Capital Health Ltd F1
Carmen C1
Centre for Pharmacy Postgraduate Education J8
Ceuta Healthcare Ltd V8
Charles Russell Solicitors NPA2
Chattem F1
Chemist & Druggist M1
Clarrel International (Playtex) V1
Claydon Creations K8
Coin Operations Co K2
Coloplast Ltd (Comped) P2A
Combe International F1
Community Pharmacy M1

Condomi V8
Crookes Healthcare F1
Curanderos Ltd N18
Cut From the Wild Ltd D7
Dendron F1
Dermal Therapy Research N18
Duracell C1
Eastern Pharmaceuticals B2
Eldoken Supplies K18
Elida Fabergé F1
Femicase R4
Feons G2
Fenton Pharmaceuticals V5
Fidelity CRM Ltd E3
Fuji C1
G-Pharma M3
Galpharm International Ltd D7
GAP Research L1
Genus Pharmaceuticals V10
Gillette UK Ltd F1
Glaxo Wellcome V8
Go Travel Products C1
Gretag Imaging C7
H G Hagesan T12
Health Check Services K2
Health.net D2
Health Xchange L6
ICN Pharmaceuticals Ltd D7
Ilford B & W C1
IMS Health H1
Info Kiosk Systems P3a
Intec Laboratories Ltd D7
Interplak C1
Intramed Ltd E2
Jamieson Laboratories N18
Jenks Brokerage F1
JJ Worldhealth Ltd K4
John O Butler P20
Kaz Air Treatment C1
Ken Lamcraft Marketing G3a
King of Shaves G3a
Kodak Ltd F1
Kraft Foods Ltd D7
Laboratories Garnier F1
Laser Healthcare V8

Lifescan C1
Lona UK Ltd T7
L'Oréal F1
M & N Traders Ltd H4
MAM (UK) Ltd D7
Mashco Plc C1
Matley Ltd T1a
Mentholum Co V8
Miles Group D7
Mitsubishi Electric B7
Mountain Breeze C1
MS George Ltd D7
National Pharmaceutical Association NPA1
Natra Health T6
Nature Organics G2
Nestle Ltd N16
Norton Healthcare Ltd N14
Nutricia Clinical Care M11
Omron C1
Oral B C1
Orderwise M8
Original Wheatbag Co Ltd R2
Oris Beauty Products C1
Orthomol Ltd UK D4
Ozzie Juices G2
Panama Jack M64
Panasonic C1
Parkside Healthcare K6
Peer Ltd NPA5
Peter Allen Eyewear G2a
Pharmacy Bargains.com H3
Pharmacy Partners G8
Pharmadass Ltd M68
Pharmavigor Inc N18
Philips C1
Photo Me International F7
Puresource (Herbal Select) N18
Phyto Pharmaceuticals G1
Pifco C1
PMC Ltd (Bodywatch) K19
Point of Sale Centre Ltd A3
Polaroid C1
Poly (UK) Ltd V5
Positive Solutions NPA3

Posmark Ltd H5
Potters' (Herbal Supplies) Ltd B13
Prescription Pricing Authority L4
Procter & Gamble F1
Pure Source (Herbal Select) N18
Quartre Geais Australian Marketing G2
Reading Specs F6
ReadySpex Ltd NPA5
Reckitt Benckiser V3
Remington C1
Revlon C1
Roche Consumer Health V6
Roche Diagnostics Ltd V6
Royal Pharmaceutical Society of Great Britain G7
Santalia G2
Scholl C1
Schwarzkopf F1
Seminar Theatre M2
Shepherd Boy Ltd R3
Sleek International Ltd P26
Smith & Nephew F1
SmithKline Beecham F1
Swiss Health T1
TDK C1
Teledyne Waterpik C1
Tisserand Aromatherapy P25
Torbet Laboratories M22
Traveller V5
Trinity Sales & Marketing V5
Unecuk Sun Products G2
UniChem/Model Shop M20
Unipharm R1
Vega Nutrition F8
Wahl C1
Wardle & Sons J4
Warner Lambert V8
Weider Nutrition D7
Wella F1
Whitehall Laboratories V1a
Winterwarm C1
Wisdom Toothbrush Ltd V8
Wrigley Co V8
Zeon Health Care V8

Digital and electrical products from Vicks

BeWell Ltd is launching five Vicks® products to the UK at Chemex.

The products are currently on sale in the US and BeWell has been set up to market and distribute them in the UK. The range comprises Vicks® Digital Thermometer, Vicks® Comfort-Flex Thermometer, Vicks® Baby Thermometer, Vicks® Hot Steam Vaporiser and Vicks® Electric Steam Inhaler. Retail prices range from £7.99 for the digital thermometer to £39.99 for the steam inhaler.

BeWell's sales director, Hal



Turkmen, says the products will be introduced first to independent pharmacies, with a later roll-out to other outlets.

BeWell Ltd. Stand P7

Bag an electrical bargain from Mashco

Electrical wholesaler Mashco says Chemex is the ideal time to stock up for the Christmas rush - and the company has so many special offers that pharmacists will think the festive season has come early.

Nearly 30 of the best-known names in electrical and photographic goods are represented on the stand - one of the largest at the show.

Chemex will be the first show at which many of the products will be seen.

Mashco's Jay Mashru said all the participating companies would be offering special Chemex prices, deals and discounts, and his staff will be demonstrating the products on the stand.

Braun has chosen Chemex to launch a new blood pressure monitor, which brand manager Chris Preston said offers "even greater accuracy and ease of use for home monitoring."

Also on show for the first time will be the new Synco shaver range and gas hair stylers with added steam.

Braun's special offers include: a

Straight and Shape hair stylers at half price; three special price lens refills with every three Thermoscan ear thermometers; a free D7 plaque remover free with every D15 model bought; and three replacement brush heads for the price of two.

Remington's new rotary shavers will be on show for the first time at Chemex and there are special offers on the company's shaver range.

Omron is offering a free digital thermometer with every order as well as a series of special offers. There is a 'buy three get one free' offer on its MX, MX2 and 711 blood pressure monitors and one RX wrist monitor free with every four purchased. Anyone ordering five ear thermometers receives one free.

Electric blanket specialist Cosy Comfort has a new range of heat pads and, from the photographic sector, Polaroid is showing a new digital camera for passport photography.

Also new this year is the Hanson range of bathroom scales, including a digital model and a body fat monitor. Jay Mashru said: "We have supported Chemex for 12 years with this company and my previous company, and always have a good response. We have increased the size of our stand this year."

Among the other companies on the stand are Philips, Pifco, Carmen, Mountain Breeze, Vidal Sassoon, Scholl, Babyliss, Revlon, Interplak,

Panasonic, Wahl, TDK, Duracell, Fuji and Polaroid.

Stand C1

Win a car with CAMRx

There's a chance to walk away from Chemex 2000 with the keys to a BMW 316i compact car!

The CamRx Buying Group is offering the prize on the stand it is sharing with Campdale Pharmaceuticals.

Visitors to the stand are presented with 12 features and benefits of joining the buying group, and they select six, which they enter in the competition. The person who matches the six benefits which have been pre-selected by the company, wins the car.

In the event of a tie the correct entries will be put into a draw which will be made by the company's solicitor.

Members of the CAMRx buying group can choose products from 51 suppliers and a spokesman said: "CAMRx buying group keeps track of discounts and deals. You keep track of your money and concentrate on running your pharmacy."

Campdale Pharmaceuticals, which supplies generics and parallel imports at competitive prices, also has some special Chemex 2000 offers for visitors.

Stand K12

Chemex

Stand B13

POTTER'S HERBAL MEDICINES 01942 405100 - NICK RILEY



'OR WOULD YOU PREFER THE HERBAL ALTERNATIVE, MADAM?'

PHARMACIST CHALLENGE

Who will be crowned pharmacy 'Mastermind'?

The final of the Pharmacy Challenge, sponsored by Genus Pharmaceuticals and *Chemist & Druggist*, takes centre stage on Sunday in the OTC Theatre.

The final starts at 12.15pm, when the first of the six regional finalists will each take the long and lonely walk to the contestants' chair to face three minutes of intensive questioning.

The winner will receive a trophy and £1,500 to invest in his or her professional development. The second and third placed contenders will receive £550 and £250 respectively, again for investment in professional development.

Stand V1

A1 is offering a bubbly prize

There's a chance to win a bottle of champagne from A1 Pharmaceuticals.

Visitors to the show, who are invited to join the company on Stand D1 for a free drink, can enter by filling in their details on the back of the company's flyer and posting it in the box on the stand.

The stand features a meeting room, informal meeting areas, a bar and product displays, all based on the Universe theme.

A1, which has projected sales of £18 million in 2001, is promoting its own label OTC range, which offers retailers up to 47 per cent POR. Branded OTC lines, dressings and wound care products, generics, UK ethical and parallel imports will also be promoted on the stand along with the company's exclusive own label products.

Stand D1

Getting the right image with Gretag

Gretag Imaging has taken a much larger stand at Chemex this year to show its minilabs, digital printing, CD writing and EPoS systems.

On show will be the Master Nova minilab, the Performa Entro entry level minilab, the Sienna digital print device, the Telepix Factory, and the Technosoft EPoS system, which is specially designed for a minilab.

Stand C7

Abracadabra! Hugh gets up to some tricks

While new products and services, thought-provoking seminars, and special offers and promotions weave their usual spell, magician Hugh Nightingale will be creating some extra special magic.

Hugh, who is a member of the exclusive Inner Magic Circle, will be out and about round the show on Sunday and Monday, amazing young and old with his close-up magic tricks.

Hugh, who has been a magician for 14 years, will also stage two half-hour shows near the creche on Sunday.

Visitors who bring their children to Chemex 2000 will be able to leave the toddlers in the creche, which this year is sponsored by Bio-life. They are then free to visit the stands and attend the seminars, knowing that the youngsters will be in safe hands – and having a great time.

Registered childminders will be in charge of the creche, where there will be plenty of toys and games to keep

them amused. A clown and a face painter will also be on hand to add to the fun.

The creche is open on both Sunday and Monday during show hours.



NPA talks business

Advice and guidance on training, continuing professional development, legal and professional issues – it's all available from the NPA.

Jan Hamilton, of the Association's business services department, said: "All our business-to-business products will be on show at special Chemex prices. The pharmacy planning team will also be there to talk to any members who are planning a refit."

The NPA coffee shop is next door to the main stand.

Stand NPA1/NPA2

Grape expectations for catalogue of winners

It's going to be a vintage year for Chemex – and *Chemist & Druggist* is organising a competition to make sure that it's extra special for many lucky visitors.

Each Chemex catalogue is printed with its own individual number and if you take your catalogue along to visit the magazine on Stand M1, you'll see a list of lucky numbers on display. If the number on your catalogue matches one of these numbers, you will receive a bottle of our special Chemex 2000 wine.

Partners offer a fast track to NHS cash

Pharmacy Partners is a new service that promises to reimburse pharmacist for their NHS scripts within 48 hours.

The company says it is not intervening in the relationship between the pharmacist and the PPA, as FP10s are still sent to the pricing authority. It is simply a matter of redirecting the PPA's cheque.

All the pharmacist has to do is to enter the date, total number of items, the number of charges collected and the PIP code for any high value items dispensed during the day into a credit card terminal supplied by Pharmacy Partners.

An instant printout gives the pharmacist information on NHS dispensing value, high value items, average item fee, average item value and script charges collected.

Pharmacy Partners will collect a pharmacy's NHS dispensing history for the previous four months. It will assume a pharmacy-specific averaged value per item for the initial payment, before reconciling it with the FP34 at the end of the month.

Information will be downloaded overnight and payment should be received the morning of the second day. A charge of 2 per cent is deducted by Pharmacy Partners.

Mary Green, Pharmacy Partners' sales & marketing director, said: "It puts pharmacists in charge of their

NHS business for the first time. It's giving pharmacists a choice, an alternative to the traditional form of financing."

The NPA's business service manager, Trefor Williams, said the board had had a close look at the proposition and in general did not have a problem with it.

The NPA has, however, not yet fully endorsed the scheme, partly due to some concerns regarding the financial situation of pharmacists leaving the scheme.

Pharmacy Partners has run a behind-the-scenes pilot with 15 pharmacists since March.

As an additional service, participating pharmacists receive graphic reports relating to the value by dispensing month, value of referred back items per month and NHS turnover.



Andrew Boyle at the credit card terminal

No fee will be deducted if the contract is terminated within the first 45 days. After that there is a 30-day notice period.

Stand G8

is
moving
to

EXCeL
THE PLACE TO BE SEEN

On September 9th and 10th 2001, Chemex will open its doors in Docklands at ExCeL, the perfect location for the UK's biggest community pharmacy exhibition.

A venue designed for exhibitors. And for your visitors.

ExCeL's *state-of-the-art* design sets it apart from other UK venues with *unrivalled* technology and a column-free layout with multiple access points that makes every position a prime site. A *stunning* location in the heart of London that's easy to reach for exhibitors, contractors and visitors from across the UK and Europe. *Superb* flexibility. Unequalled facilities. Accommodation close at hand. And marketing tools that bring you maximum return on investment.

Maximising your return at Chemex 2001

ExCeL is the ideal venue for Chemex and will help to create an event in 2001 that will *enhance* the brands and services on display, help *capture* the sale and ensure maximum return on investment for exhibitors – and ensure visitors will return again and again. ExCeL has built an event centre that leaves nothing to chance, with a range of accommodation, business facilities and places to wine and dine that is *unequalled* at any other UK venue.

Chemex 2001 at the perfect location

- 90,000 m² of event space
- 65,000 m² of column-free halls
- 20 minutes from the West End
- 5,000 visitor and 1,800 exhibitor parking spaces
- Integrated smart-card technology and web-based business applications
- Supporting technical architecture ensuring hassle-free events
- Enhanced business facilities
- The latest communications and marketing tools
- Ground-breaking LAN technology
- Cutting-edge in-house media and production services
- London's most streamlined build-up / breakdown facilities

For more information please call the Chemex team on 01732 377256



Why Chemex 2001 is sure to ExCel

Chemex is on the move next year – to the UK's most exciting new, state-of-the-art exhibition centre.

The show will take place slightly later in September at the stunning ExCeL exhibition centre, which is being built on the banks of the Thames in Docklands.

Exhibition director Fergus Wilson said: "We are delighted that Chemex is among the first exhibitions to sign up for ExCeL – it is a fabulous new venue with many advantages for both visitor and exhibitor."

Bigger than the Dome

The £250m centre opens for business in November this year with 90,000m² of event space on the 100-acre site.

When the second and third phases of building are completed, ExCeL will cover a massive 155,000m² and boast 90,000m² of exhibition space and conference suites – making it one and a half times bigger than the Millennium Dome and Britain's largest single building for events.

But the venue will offer much more than an exhibition hall. There will be six on-site hotels providing more than 1,400 rooms and serviced apartments as well as 20,000m² of restaurants, bars, cafes and shops, many of which will line ExCeL's waterside promenade beside the Victoria Dock. Indoor banqueting space will have the capacity to cater for 20,000.

The waterside location is already exciting specialist interest and among the first exhibitions to sign up is the Boat Show, which moves to ExCeL from 2004.

Travel made easy

The Docklands venue is convenient for national and international visitors and exhibitors. It is next to the London City airport and close to the Docklands Light Railway and the newly opened Jubilee Line extension,



Out of the rush hour, the M25 is only about 15 minutes away, while a dual carriageway also links the centre with the North Circular and the M11. For those who want to arrive in style by water, large vessels can moor in the Royal Docks directly alongside the centre.

United Business Media is one of the leading exhibition companies to invest in the centre. Tony Keith, a group director, said there was a huge demand for exhibition space and in the UK, the availability of venues dictated the industry.

'Smart' technology

ExCeL is investing in the latest technology and will be a 'smart' venue. In the long term, say the developers, a visitor may spend several days at a trade show at ExCeL and pay just one bill,

which includes all hotel expenses.

An internet system, multilingual translation services, a dedicated business centre and a fully equipped TV and radio studio are among the other facilities.

"Chemex is always a very special show and next year ExCeL will help make it even bigger and better. It will truly be a 21st century show for a 21st century industry," said Fergus Wilson.

GENERAL INFORMATION

Dates and opening times:

Olympia 2, London
Sunday, September 3 10am-6pm
Monday, September 4 10am-4pm

Admission

Admission to Chemex 2000 is restricted to professional and trade buyers and their families only. Visitors are admitted free on registration. Those who have not pre-registered may register at the entrance to Olympia 2. Please note that children under the age of 16 will not be admitted to the show unless accompanied by an adult.

Restaurants

Restaurants and catering facilities serving hot snacks and refreshments are located throughout the hall.

Children's creche

A free children's creche is available for youngsters. Please leave pushchairs and prams outside the creche.

Travel to the show

By car: Olympia is close to the M3, M4, M25 and M40/41. The M25

provides easy connections to the M1, M2 and M11. The North Circular (A406) provides orbital access to inner London.

Olympia has reservable parking for 590 cars on-site and there are a number of additional car parks nearby.

You may pre-book spaces in car parks adjacent to the centre by telephoning 0800 0568 444.

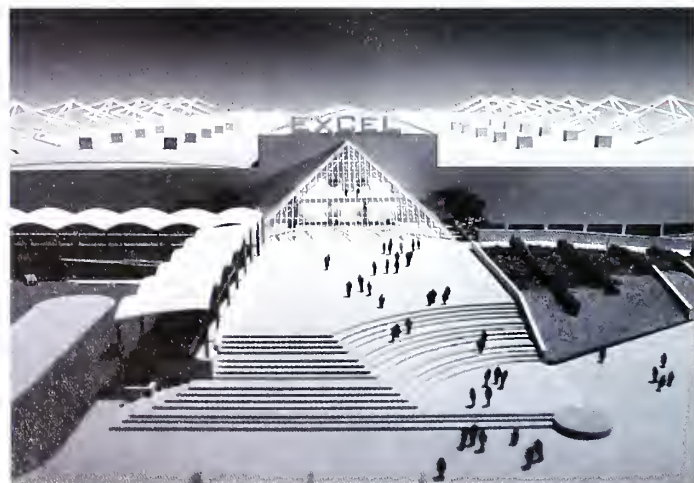
By rail: Most London mainline stations have direct connections with London Underground stations and Kensington Olympia. For details of national rail services and connections, call 0845 748 4950 for more details.

Hotel accommodation

Specially discounted hotel accommodation may be booked via Res-O-Tel Reservations
Tel: 0208 722 6920
Fax: 0208 643 5222
e-mail: info@resotel.bdx.co.uk

Exhibition organiser:

United Business Media Ltd
Tel: 01732 377256
Fax: 01732 377179



Maintaining health the natural way

One of the first-time Chemex exhibitors is NatraHealth, the company is committed to "innovation in natural products".

The company is promoting four products at the show: Indian Mustard, MediVit capsules, NatraShape and NatraKlear derma-K.

Stand T6

Shop until you drop with UniChem

UniChem plans to give visitors ideas — with a pharmacy layout complete with counters, fittings and shelving.

While the pharmacy will take half the stand space, the other half will be devoted to a seating area where visitors can talk to UniChem representatives about the deals and marketing activities which are planned for the coming year.

Stand M20

Getting together for discounts

Avicenna plc is promoting its pharmacy buying group.

The company has been established since 1993 and has nearly 300 members who benefit from preferential terms from the company's main wholesaler along

with a range of additional discounts and extended payment terms from preferred suppliers.

Avicenna also organises and sponsors training for pharmacy proprietors and their staff and holds regular seminars on issues of current interest to pharmacists.

Stand M10

Blackwell's oral initiatives

Blackwell Supplies is showing the latest products in its oral care range.

UlcerEze with Aloe vera is designed to soothe the pain of mouth ulcers. The UlcerEze patches are placed on the ulcer after meals, forming a protective dressing to help prevent further irritation.

A new aniseed flavour is being added to the chlorhexidine gluconate 0.2 per cent mouthwash range to encourage patient compliance. The product is already available in Peppermint and Original flavours.

The Buzz battery powered toothbrush vibrates more than 7,000 times a minutes to give a gentle cleaning action even in hard to reach areas, helping to remove plaque and stimulate blood flow to the gums.

Swiss-made Bonyff'Smile with Confidence' denture care products include effervescent cleaning tablets, denture fixative, denture repair kit and stabiliser.

Stand M16

Brush up on interdental hygiene

The John O Butler Company is exhibiting at Chemex for the first time and has chosen the show to launch its new interdental system.

The GUM Proxabrush Click system is designed for easier loading and removal of interdental refills.

Also on show will be the company's wide range of oralcare products for dentists and consumers including conventional and speciality toothbrushes and interdental systems.

Stand P20

Emergency surgery from Dr Denti

Chemex is the platform chosen by GAP Research to relaunch the Dr Denti Emergency First Aid Kit.

GAP says the new Dr Denti kit addresses more than 80 per cent of dental emergencies encountered at home, at work or while travelling.

The First Aid Kit includes mouthwash tablets, cotton buds, re-plant container, tooth-fil, cotton rolls, stainless steel dental mirror and probe plus a detailed instruction guide.

The company is offering 12 packs for every ten ordered and orders worth more than £75 will receive a free Dr Denti display stand.

Stand L1

Footsore? Find relief on stand P2A

There's a chance to try the Compeed range of plasters and creams on the Coloplast stand.

Footsore visitors can treat their feet and also order free samples to hand out to customers.

Compeed will be offering special discounts and giving away Compeed goodies throughout the show.

Tracey Tourle, senior product manager for the brand, said: "It's a great opportunity for us to meet directly with pharmacists and show what we have to offer."

Stand P2A

PMC offers a very special discount

Professional and home testing specialist PMC Bodywatch is offering a special promotion on orders taken at the show.

Every customer who buys an outer of five of each of the company's six Bodywatch kits (trade price £278.20) will receive free stock worth £93.60 — the equivalent of five cholesterol and five PSA kits.

The offer applies to direct and transfer orders taken on the stand.

Stand K19

FOR CHEMEX 2000



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Intranet service
designed
exclusively for
NPA members.

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administration
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NPA net is part of the
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Calling all NPA members. Your opportunity to register on NPAnet.

NPAnet offers:

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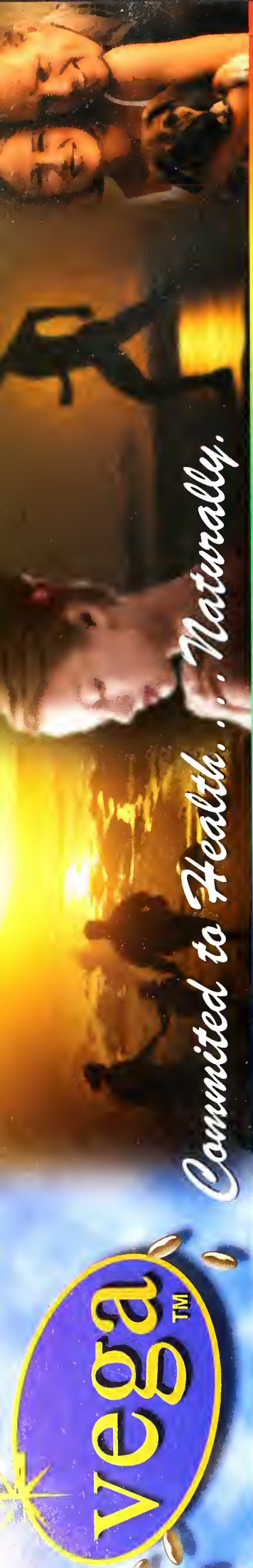
Expert management

- Providing dedicated technical support
- Protecting against viruses
- Saving Pharmacy time

Focussed pharmacy information

- Continuous professional education
- Daily news and hot topics
- OTC sales trends
- Travel health
- Chat forum
- Easy on-line ordering of NPA products and services

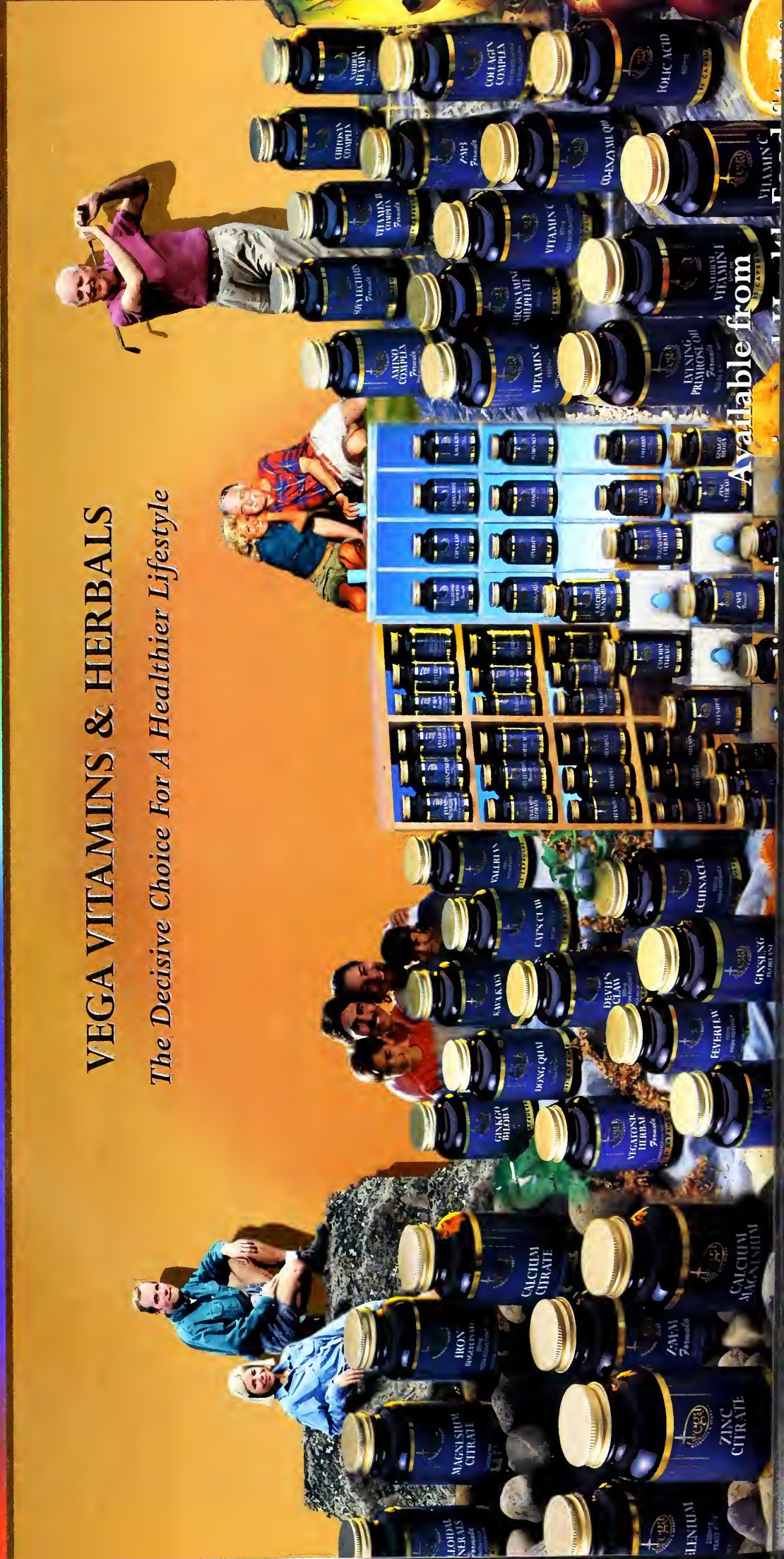
See us at
Chemex on the
NPAnet Cyber Cafe
stand (H1)



Committed to Health... Naturally.



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The Decisive Choice For A Healthier Lifestyle



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